

Prevalence of chronic hepatitis B in Hong Kong

Answers

CME/ CPD: 0.5-1

CNE: 1

Validity Period: 7 July 2024 – 31 December 2025

College/ Programme	CME/ CPD Point	CME/ CPD Category
Anaesthesiologists	1	PP-NA
Community Medicine	1	PP-PP
Dental Surgeons	1	OA-SS
Emergency Medicine	1	CME-PP
Family Physicians ¹	N/A	N/A
Obstetricians and Gynaecologists	1	PP-PN
Ophthalmologists	0.5	CME-PP
Orthopaedic Surgeons	1	PP-B
Otorhinolaryngologists	0.5	PP-2.2
Paediatricians	1	A-PP
Pathologists	1	CME-SS
Physicians	1	SS-SO
Psychiatrists	1	SS-OL
Radiologists	1	B-PP
Surgeons	1	CME-PP
MCHK CME Programme for Practising Doctors who are not taking CME Programme for Specialists	1	Passive (Accredited by DH)

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¹ Participated HKCFP members are suggested to apply accreditation directly to HKCFP through additional accreditation (post-accreditation) with supporting documents

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1. In general, which of the following is / are common data source(s) for the information on the prevalence of chronic HBV infection?
 - A. Reporting of chronically infected patients from health-care facilities
 - B. Biomarker surveys
 - C. Making use of specimens collected for blood donations
 - D. Making use of specimens collected from pregnant women attending antenatal care services
 - E. **All of the above. ✓**

2. As derived from the results of Population Health Survey 2020-22, what was the HBsAg prevalence in the general population of Hong Kong?
 - A. 0.6%
 - B. 1.6%
 - C. **5.6% ✓**
 - D. 10.6%
 - E. 20.6%

3. As derived from the results of Population Health Survey 2020-22, what was the estimated size of population living with hepatitis B?
 - A. 11 000
 - B. 41 000
 - C. 110 000
 - D. **410 000 ✓**
 - E. 1 100 000

4. Which of the following is **NOT** a correct description about the findings from Population Health Survey 2020-22?
 - A. HBsAg prevalence was much higher in older adults aged 35 or above.
 - B. Among the PHS participants tested positive for HBsAg, nearly 40% of them were not aware of their chronic hepatitis B status.
 - C. Less than 1% of population aged below 35 were HBsAg-positive.
 - D. There was a significant reduction in the HBsAg prevalence among the younger adults aged below 35.
 - E. **There was a statistically significant difference in HBsAg prevalence between two sexes. ✓**

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5. As implied by the results of Population Health Survey 2020-22, what is current level of hepatitis B endemicity for Hong Kong?

- A. High
- B. Intermediate-high ✓**
- C. Intermediate-low
- D. Low
- E. Undetermined

6. Which of the following is **NOT** a correct description about the HBsAg seroprevalence in children?

- A. In 2009, a study found a seroprevalence of HBsAg at 0.78% among 1 913 children aged 12 to 15 years, who were born after the implementation of universal neonatal hepatitis B vaccination programme.
- B. Hong Kong was verified as of June 2013 as having met the goal of achieving a seroprevalence of less than 1% among children.
- C. The post-vaccination serologic test (PVST) programme implemented since 2022 found an HBsAg prevalence at 0.4% among babies born to mothers infected with HBV.
- D. The findings from the PVST programme suggest the HBV transmission risk among high-risk babies remains very high in Hong Kong. ✓**
- E. Universal childhood hepatitis B vaccination programme implemented since 1988 has resulted in a substantial decline in the HBV infection and prevalence in the younger generation.

7. Which of the following is **NOT** a correct description about the HBsAg seroprevalence in adult communities without apparent risk?

- A. HBsAg prevalence in new blood donors has been consistently low at around 1% since 1990s. ✓**
- B. The HBsAg prevalence in antenatal mothers has been decreasing from over 10% in the early 1990s to 2.4% in 2023
- C. HBsAg prevalence has dropped to 3.4% in 2022 among pre-marital or pre-pregnancy package service users of The Family Planning Association of Hong Kong.
- D. A declining trend was observed among police officers, as determined at pre-HBV-vaccination screening, where the HBsAg prevalence fell from 7.9% in 1997 to 2.6% in 2022.
- E. The HBsAg prevalence in newly recruited health care workers, as determined at pre-HBV vaccination screening, was generally decreasing.

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8. Which of the following is **NOT** a correct description about the HBsAg seroprevalence in tuberculosis patients attending Tuberculosis & Chest Clinics, DH?

- A. In 2022, 7.3% of the TB patients were detected HBsAg positive.
- B. The HBsAg prevalence in tuberculosis patients was comparable to that in the general population, as they carry similar age profile. ✓**
- C. The highest HBsAg prevalence rate was observed in the middle age group (40 - 59 years old) followed by the more elderly group (≥ 60 years old).
- D. The HBsAg positivity rate was usually higher in male clients than in female clients.
- E. Both the age and gender patterns were rather consistent over the years.

9. Which of the following is **NOT** a correct description about the HBsAg seroprevalence in adult communities with apparent risk?

- A. The HBsAg prevalence in people living with HIV under care of DH was in the range of 4.5% to 8.1% in the past decade, reduced from the more than 10% prevalence in the early 2000s.
- B. Between August and December 2022, the HBsAg prevalence in female sex workers attending Social Hygiene Clinics of DH was 16.2%.
- C. Between August and December 2022, the HBsAg prevalence in men who have sex with men attending Social Hygiene Clinics of DH was 0.8%.
- D. Before 2006, the annual prevalence of HBsAg in drug users was exceeding 10%, except for the year 1996 and 1997.
- E. HBsAg prevalence in adult communities with apparent risk of contracting HBV is a lot higher than that in adult communities without apparent risk of infection in the past decade. ✓**

10. Which of the following is **NOT** an existing preventive measure(s) for MTCT of HBV in Hong Kong?

- A. Universal antenatal HBsAg screening
- B. Universal childhood hepatitis B vaccination programme
- C. Administration of hepatitis B immunoglobulin for babies born to HBsAg-positive mothers
- D. Provision of antiviral treatment to neonates born to HBsAg-positive mothers as post-exposure management ✓**
- E. Maternal antiviral prophylaxis for hepatitis B pregnant women with high HBV viral load