

Micro-elimination of hepatitis C in people who inject drugs

Answers

CME/CPD point 0.5-1

CNE point: 1

Validity Period: 31 March 2022 to 30 March 2023

College/ Programme	CME/ CPD Point	CME/CPD Category
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Ophthalmologists	1	CME-PP
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1. Which of the following is **NOT** a correct description about the natural history of HCV infection?
 - A. Acute HCV infections are usually asymptomatic.
 - B. Most acute HCV infections do not cause life-threatening disease.
 - C. Development of chronic infection is common following acute HCV infection.
 - D. **Spontaneous clearance of HCV within 12 months following acute infection can be achieved in more than 90% of people infected with HCV. ✓**
 - E. If left untreated, chronic HCV infection can lead to cirrhosis, hepatocellular carcinoma (HCC) and even death.

2. Which of the following is **NOT** a correct description about global epidemiology of HCV infection in PWID?
 - A. The World Health Organization (WHO) estimated that current injecting drug use (IDU) accounted for 23% of new HCV infections.
 - B. WHO estimated that 8% of current HCV infections were among PWID.
 - C. **PWID infected with HCV are at increased risk of liver-related mortality but not all-cause mortality. ✓**
 - D. The latest systematic review gave an estimated number of anti-HCV-positive PWID at 8.2 million, corresponding to an anti-HCV prevalence at 52.3%.
 - E. Of all the deaths from cirrhosis and HCC due to HCV infection, 31% were attributable to a lifetime history of IDU.

3. Which of the following is **NOT** a correct description about local epidemiology of HCV infection in Hong Kong?
 - A. **Past studies found an anti-HCV prevalence below 50% in PWID or ex-PWID. ✓**
 - B. Injection duration, current or recent injection, ever sharing injecting equipment and concomitant use of other drugs are associated with increased risk of HCV infection in PWID.
 - C. The prevalence of anti-HCV in the general population is about 0.5%.
 - D. IDU is an important route of HCV acquisition in Hong Kong.
 - E. The risk of transfusion-transmitted HCV infection in Hong Kong has decreased to a very low level since the institution of blood donor screening for HCV.

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4. Referring to the *Global health sector strategy on viral hepatitis, 2016 – 2021*, what are the relative reduction targets by 2030 for hepatitis C, as compared with the baseline number in 2015?
- A. **80% reduction in incidence and 65% reduction in mortality** ✓
 - B. 80% reduction in incidence and 80% reduction in mortality
 - C. 90% reduction in incidence and 65% reduction in mortality
 - D. 90% reduction in incidence and 80% reduction in mortality
 - E. 95% reduction in incidence and 65% reduction in mortality
5. What are the absolute impact targets for hepatitis C incidence in 2030?
- A. Annual HCV incidence of ≤ 10 per 100 000 persons and of ≤ 5 per 100 PWID
 - B. Annual HCV incidence of ≤ 10 per 100 000 persons and of ≤ 2 per 100 PWID
 - C. Annual HCV incidence of ≤ 5 per 100 000 persons and of ≤ 5 per 100 PWID
 - D. **Annual HCV incidence of ≤ 5 per 100 000 persons and of ≤ 2 per 100 PWID** ✓
 - E. Annual HCV incidence of ≤ 1 per 100 000 persons and of ≤ 1 per 100 PWID
6. Which of the following is **NOT** a correct description about micro-elimination of HCV infection?
- A. Micro-elimination refers to targeted elimination of HCV infection in well-defined populations.
 - B. **The term “micro-elimination” emerges because HCV infection is a minor public health threat in most countries across all settings.** ✓
 - C. It is a strategy to achieve elimination incrementally through initiatives that eliminate hepatitis C for defined segments of the population, such as within settings, geographic areas, subpopulations and age cohorts
 - D. Targeting smaller and clearly delineated HCV risk groups allows faster and more efficient delivery of interventions.
 - E. The selection of targeted groups for micro-elimination initiatives should be based on the hepatitis C epidemiology and health context of different countries and subnational areas.

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7. Which of the following does **NOT** belong to candidate populations for micro-elimination due to their higher burden of HCV infection?
- A. Patients on haemodialysis
 - B. HIV/HCV co-infected people
 - C. **Healthcare workers ✓**
 - D. People who inject drugs
 - E. Prisoners
8. Which of the following is **NOT** the role of methadone treatment programme (MTP) in prevention and control of hepatitis C in Hong Kong?
- A. MTP is a harm reduction approach by providing a readily accessible, legal, medically safe and effective alternative to continued illicit self-administration of opiate drugs.
 - B. **In Hong Kong, MTP is currently run by private healthcare organisations. ✓**
 - C. The objectives of MTP have been extended to reduce intravenous drug use and needle sharing and thereby prevent the spread of diseases like HIV/AIDS, viral hepatitis and other blood-borne diseases.
 - D. The network of methadone clinics affords the opportunity to engage PWID for health education and prevention of hepatitis C.
 - E. Some methadone clinics have been selected for conducting a pilot programme to assess the feasibility and acceptance of HCV testing among PWID and characterise the barriers to testing and linkage to care.
9. Which of the following is a correct description about the use of direct-acting antivirals (DAA)?
- A. DAA can only slow the progress of developing HCV-related complications and cannot cure most HCV infections.
 - B. Most DAA require intravenous administration.
 - C. Most patients taking DAA experience severe side effects, which make interruption of the HCV treatment common.
 - D. In Hong Kong, subsidised DAA treatment is limited to patients with advanced fibrosis or cirrhosis in the public health care settings.
 - E. **DAA treatment has been expanded to cover all hepatitis C patients, irrespective of their stage of liver fibrosis, in the public sector in Hong Kong. ✓**

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10. Which of the following is **NOT** one of the specific actions outlined in the Action Plan to promote HCV testing in PWID in Hong Kong?
- A. Establish a policy initiative to promote HCV testing in PWID, who are attending methadone clinics or under the custody of Correctional Services Department (CSD)
 - B. Provide specific health education information about HCV infection to PWID
 - C. Engage professional staff and other working serving PWID at methadone clinics, as well as CSD staff, for promoting the importance of HCV infection
 - D. Identify testing options and algorithms for carrying out HCV testing for PWID
 - E. **Distribute HCV self-testing kits to PWID through the network of non-governmental organisation ✓**