

Focused risk-based testing for chronic HBV infection

Answers

CME/CPD: 0.5-1

CNE: 1

Validity Period: 15 July 2022 – 31 December 2023

College/ Programme	CME/ CPD Point	CME/CPD Category
Anaesthesiologists	1	PP-NA
Community Medicine	1	AP-SS
Dental Surgeons	1	OA-SS
Emergency Medicine	1	CME-SS
Family Physicians ¹	N/A	N/A
Obstetricians and Gynaecologists	1	PP-PN
Ophthalmologists	1	CME-PP
Orthopaedic Surgeons	1	PP-B
Otorhinolaryngologists	0.5	PP-2.2
Paediatricians	1	E-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)

Please contact respective authorities directly for CME/CPD accreditation if it is not listed above.

¹ For HKCFP members who would like to apply CME, please apply additional accreditation (post-accreditation). Please be reminded that administrative fee would be charged from HKCFP and supporting documents are required for the application. Please refer to https://www.hkcfp.org.hk/pages_5_82.html (additional accreditation for year 2021) for the details.

Focused risk-based testing for chronic HBV infection

1. Which of the following is **NOT** a correct description about the epidemiology of hepatitis B?
 - A. HBV infection is one of the major causes of chronic liver diseases, including cirrhosis and liver cancer.
 - B. In 2019, an estimated 296 million people were living with chronic HBV infection worldwide.
 - C. **The burden of HBV infection is disproportionately high in European Region, particularly in high-income countries. ✓**
 - D. Globally, the majority (90%) of people infected with HBV remain unaware of their infection in 2019.
 - E. In Hong Kong, a local prevalence study conducted by the University of Hong Kong in 2015 - 16 gave an HBsAg prevalence of 7.2% among general population.

2. Which of the following is **NOT** one of the four major testing approaches covered in the *WHO guidelines on hepatitis B and C testing* published in 2017?
 - A. General population testing
 - B. Focused testing in most affected populations
 - C. Routine testing in pregnant women
 - D. Screening among blood donors
 - E. **Universal serologic testing after hepatitis B vaccination ✓**

3. What are the WHO targets for diagnosis rate of hepatitis B by 2025 and by 2030 respectively?
 - A. 30% by 2025 and 80% by 2030
 - B. 30% by 2025 and 90% by 2030
 - C. 50% by 2025 and 80% by 2030
 - D. 60% by 2025 and 80% by 2030
 - E. **60% by 2025 and 90% by 2030 ✓**

Focused risk-based testing for chronic HBV infection

4. According to the WHO guidelines, which of the following group is **NOT** part of the specific populations recommended for focused risk-based testing for HBV infection?
 - A. Adults and adolescents from populations most affected by HBV infection
 - B. Adults, adolescents and children with a clinical suspicion of chronic viral hepatitis
 - C. Sexual partners, children and family members of those with HBV infection
 - D. **Travellers returned from HBV-endemic countries ✓**
 - E. Health-care workers

5. Which of the following is **NOT** part of the populations having a high risk of HBV acquisition attributed to risk behaviours and/or exposure?
 - A. **Individuals affected in a food poisoning outbreak ✓**
 - B. Men who have sex with men
 - C. People who inject drugs
 - D. People with HIV
 - E. Sex workers

6. Which of the following is **NOT** a clinical feature that may indicate clinically guided testing due to suspicion of chronic HBV infection?
 - A. Clinical evidence of existing cirrhosis
 - B. Clinical evidence of existing HCC
 - C. **Clinical evidence of upper respiratory tract infection ✓**
 - D. Abnormal liver function tests
 - E. Abnormal liver ultrasound

7. Which of the following is **NOT** the benefit for focused risk-based testing, as summarised in the WHO guidelines on testing for chronic HBV infection?
 - A. It can make use of the existing opportunities and infrastructure for health facility-based testing, as well as community-based testing.
 - B. **It could be a mop-up testing approach while many HBV high-prevalence countries have already undertaken general population screening. ✓**
 - C. Focused testing in health facilities can increase the uptake of viral hepatitis testing and facilitate the referral to care and other services.
 - D. Focused testing in most affected populations is likely to be associated with higher rates of case-finding.
 - E. Focused risk-based testing may be a more readily feasible approach if resources to undertake general population screening are lacking.

Focused risk-based testing for chronic HBV infection

8. Which of the following is **NOT** a correct description about the use of serological assays?
- A. WHO recommends using a serological assay that meets minimum quality, safety and performance standards to detect HBsAg for the diagnosis of chronic HBV infection.
 - B. **The serological assay could be in laboratory-based immunoassay format, but not rapid diagnostics test (RDT).** ✓
 - C. Assays should meet minimum acceptance criteria of either WHO prequalification of in vitro diagnostics (IVDs) or a stringent regulatory review for IVDs.
 - D. In settings where existing laboratory testing is already available and accessible, laboratory-based immunoassays are recommended as the preferred assay format.
 - E. In settings with limited access to laboratory testing and/or in populations where access to rapid testing would facilitate linkage to care and treatment, use of RDTs is recommended to improve access.
9. Which of the following group is **NOT** routinely screened for hepatitis B in Hong Kong?
- A. Blood donors
 - B. Persons donating organs
 - C. **Infants born to HBsAg-negative mothers** ✓
 - D. New cases of HIV patients
 - E. Pregnant women
10. Which of the following is a correct description about hepatitis B testing in Hong Kong?
- A. Patients receiving renal dialysis, cytotoxic or immunosuppressive therapy in HA are not routinely screened for HBV.
 - B. **There are local recommendations on HBV screening for MSM attending STI/HIV services at baseline, and at intervals by risk assessment.** ✓
 - C. Screening of blood donors for HBsAg has been in place to prevent transfusion-transmitted HBV infection in Hong Kong since 1950s.
 - D. There is an increasing trend of HBsAg prevalence among pregnant women undergoing antenatal screening since 1990s.
 - E. The current diagnosis rate of HBV infection in Hong Kong has already exceeded the WHO target by 2030.