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INTRODUCING ANTIVIRAL PROPHYLAXIS FOR HEPATITIS B PREGNANT WOMEN WITH HIGH VIRAL LOAD IN HONG KONG

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Background: Similar to many Asian countries, mother-to-child transmission (MTCT) (previously called vertical transmission) is a major route of hepatitis B virus (HBV) transmission in Hong Kong. To prevent MTCT of HBV, universal screening of pregnant women for hepatitis B surface antigen (HBsAg), universal neonatal hepatitis B vaccination and administration of hepatitis B immunoglobulin (HBIG) for babies born to HBsAg-positive mothers have been in place since 1980s. Despite the use of hepatitis B vaccine and HBIG, local study showed that MTCT continued to occur at a rate of 1.1% for babies born to HBsAg-positive mothers. To eliminate MTCT of HBV in Hong Kong, preventive effort should be strengthened by introducing the use of maternal antiviral prophylaxis as additional intervention while maintaining high coverage of existing MTCT prevention programmes.
Objectives: To review an initiative of offering antiviral prophylaxis to hepatitis B infected pregnant women with high viral load to augment prevention of MTCT of HBV.
Methods: The policy initiative was established by the Steering Committee on Prevention and Control of Viral Hepatitis in November 2018. Clinical pathway of integrated model of specialist outpatient service was then formulated for managing HBsAg-positive pregnant women with high viral load under care in the public sector. Testing of HBV DNA would be made available in the antenatal visit. Those with HBV DNA level at 200 000 IU/mL or above were considered as having high viral load and would be referred to hepatology clinics for assessment. Counselling and education about maternal antiviral prophylaxis were conducted by nurses at hepatology clinics during around 24 weeks of gestation, before doctor consultation and consideration of initiating tenofovir as the antiviral prophylaxis during 28 – 32 weeks of gestation. Service statistics were evaluated for the review of the initiative.
Results / Outcomes: The service model was first piloted in two birthing hospitals at the beginning of 2020, before fully implemented in all public birthing hospitals run by the Hospital Authority (HA) in August 2020. Between September 2020 and August 2021, 960 HBV-infected pregnant women were identified in the antenatal clinics of Department of Health or HA and recruited into this initiative. Of these, 16% had high viral load and were referred to hepatology clinics for consideration of antiviral treatment. After review by physicians, 88% started on antiviral prophylaxis.
Conclusions / Lessons learnt: Maternal antiviral prophylaxis programme for HBV MTCT was successfully rolled out in Hong Kong with significant coverage in the first year. Its implementation has been supported by widening the indications in the drug formulary for the appropriate antivirals, building laboratory capacity for viral load testing and establishing nurse clinics to augment the management capacity.

Disclosure of Interest: None Declared