

Hong Kong Viral Hepatitis Action Plan 2020 – 2024

Expected Outcome in or before 2024

Strategy 1: Awareness

1.1	Awareness campaign for the general population
1.1.1	Revamp the website of Viral Hepatitis Control Office to provide up-to-date information and to improve user experience
1.1.2	Review and update the information of the website of Viral Hepatitis Control Office
1.1.3	Define yearly themes of awareness campaign across the territory
1.1.4	Establish the yearly theme for 2023 – 2024
1.1.5	Launch enhanced awareness campaign, involving Kwai Tsing District Health Centre
1.2	Professional training for healthcare workers
1.2.1	Conduct professional training programmes with the KAP assessment by phases, starting for obstetricians and midwives and extending to other groups of healthcare workers under the similar framework
1.3	Education targeting at-risk populations, patients and their service providers
1.3.1	Develop focused education materials for pregnant women about preventive strategies of perinatal HBV transmission
1.3.2	Integrate education on safe injection and safer sex practices for prevention of HBV and HCV infection with HIV prevention programme
1.3.3	Develop standardised training and education materials on HCV infection for service providers of PWID
1.4	Building a supportive environment
1.4.1	Enhance service capacity of testing and treatment for HBV and HCV infection
1.4.2	Evaluate HBV- and HCV-related service in the public sector to provide useful statistics and support the longer term planning and capacity building

Strategy 2: Surveillance

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| 2.1 | Continue surveillance of viral hepatitis and hepatitis B vaccination coverage |
| 2.2 | Develop a set of local indicators for monitoring and evaluation of the viral hepatitis elimination strategies for HBV and HCV infection |
| 2.3 | Update the HBV and HCV situation according to the results of the Population Health Survey (PHS) |
| 2.4 | Adopt a consistent and sustainable approach for the measurement of the Local Indicators for 2015 and 2020 |

Strategy 3: Prevention

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| 3.1 | Reduce mother-to-child transmission of HBV |
| 3.1.1 | Using antivirals to prevent MTCT of HBV |
| 3.1.1.1 | Establish a policy initiative to provide HBsAg-positive mothers with high viral load with a treatment option to use antivirals |
| 3.1.1.2 | Refer all HBsAg-positive mothers in HA for care of HBV infection |
| 3.1.1.3 | Start using antivirals to prevent MTCT in selected HA hospitals as pilot |
| 3.1.1.4 | Start using antivirals to prevent MTCT in all HA birthing hospitals |
| 3.1.1.5 | Provide professional training to specialists in O&G, public and private, about the use of antivirals to prevent MTCT |
| 3.1.1.6 | Review the acceptance of using antivirals to prevent MTCT |
| 3.1.2 | Post-vaccination serologic testing |
| 3.1.2.1 | Establish a policy initiative to provide PVST to babies born to HBsAg-positive mothers |
| 3.1.2.2 | Establish the implementation plan and resources implication of PVST |
| 3.1.2.3 | Provide professional training about PVST programme to obstetricians and paediatricians |
| 3.1.2.4 | Establish the logistics and workflow of PVST |
| 3.1.2.5 | Implement PVST programme |
| 3.1.2.6 | Review the acceptance of PVST programme |

3.2	Prevent healthcare-related transmission of HBV and HCV
3.2.1	Screen all blood donations in a quality-assured manner
3.2.2	Provide treatment to people contracted HCV through blood / blood product transfusion
3.2.3	Conduct regular infection control training, including Standard Precautions and sharps injury or mucosal contact prevention and management
3.3	Reduce risk and disease burden in vulnerable populations
3.3.1	Intensify condom programming and take harm reduction approach

Strategy 4: Treatment

4.1	Enhancement of treatment for HBV infection
4.1.1	Augment diagnosis and treatment capacity for HBV infection, in terms of laboratory, equipment, drug and model of care
4.1.2	Review the service provided by nurse clinics
4.1.3	Engage HA hepatologists to explore strategies to enhance service capacity for HBV infection in both public and private settings
4.1.4	Engage primary care physicians to support management of HBV infection
4.1.5	Develop information resources to facilitate management of HBV infection by primary care physicians
4.1.6	Promulgate the information resources to primary care physicians
4.1.7	Estimate the service need of ultrasound for HCC surveillance
4.2	Expansion of access to direct-acting antivirals for HCV
4.2.1	Establish a policy initiative to deploy DAA in HCV treatment in a stepwise manner
4.2.2	Expand DAA treatment for hepatitis C patients with METAVIR fibrosis stages F2 or above
4.2.3	Expand DAA treatment for all hepatitis C patients
4.2.4	Review the number of patients treated with DAA
4.3	Micro-elimination of HCV infection
4.3.1	Screen and treat patients with end stage renal failure on dialysis
4.3.1.1	Establish a policy initiative to provide DAA for HCV treatment in all patients undergoing dialysis

4.3.1.2 Start using DAA to treat HCV infection in all patients undergoing dialysis

4.3.2. Screen and treat patients co-infected with human immunodeficiency virus

4.3.2.1 Establish a policy initiative to provide DAA for HCV treatment in all HIV-positive patients

4.3.2.2 Start using DAA to treat HCV infection in all patients co-infected with HIV

4.3.2.3 Review the number of patients co-infected with HCV and HIV treated with DAA

4.3.2.4 Assess the number of re-infection among patients co-infected with HCV and HIV after completion of effective HCV treatment

4.4 Promotion of HCV testing in people who inject drugs

4.4.1 Establish a policy initiative to promote HCV testing in PWID, who are attending methadone clinics (MCs) or under the custody of Correctional Services Department, for treatment

4.4.2 Provide specific educational information about HCV transmission, testing and treatment to PWID

4.4.3 Engage professional staff and other workers serving PWID at MCs by promoting the importance of HCV infection

4.4.4 Identify testing options and algorithms for HCV testing, including the carrying out of a pilot programme, at MCs

4.4.5 Educate and engage staff of Correctional Services Department
