

LCQ14: Prevention and treatment of hepatitis

Following is a question by the Hon JoePHY Chan and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (April 2):

Question:

It is learnt that hepatitis is one of the common diseases in Hong Kong, and it is estimated that hundreds of thousands of people in Hong Kong are affected by hepatitis. Hepatitis may further develop into cirrhosis of the liver or even liver cancer if it is not diagnosed and treated in a timely manner, which will bring about a serious impact on the health and finances of patients and their families, and place a burden on the public healthcare system. In this connection, will the Government inform this Council:

(1) in respect of education on the prevention of hepatitis, whether the Government has organised preventive educational programmes to promote the importance of keeping the liver healthy in schools and in the community in 2024; if so, of the relevant expenditure, the number of programmes organised, as well as the respective numbers of students or members of the community who have participated in such programmes; whether it will increase the relevant estimated expenditure for this year; if it will, of the details; if not, the reasons for that;

(2) in view of the Government's commitment in the 2024 Policy Address to implement hepatitis B screening to prevent liver cancer, whether the Government has formulated the relevant implementation plan; if it has, of the budget and target number of people to be screened; whether it will accord priority to screening for high-risk persons, and introduce primary healthcare networks and the public-private partnership approach to expand the screening capacity, e.g. carrying out blood monitoring for liver cancer in high-risk groups; if it will, of the details; if not, the reasons for that;

(3) whether it knows the respective numbers of new cases of liver cirrhosis diagnosed by the Hospital Authority (HA) and patients with liver cirrhosis who continued to receive treatment in public hospitals under HA in each of the past five years;

(4) whether it knows the respective numbers of cases of liver cirrhosis and liver cancer among the oesophago-gastro-duodenoscopy services provided in public hospitals in each of the past five years; whether the relevant data reflects the incidence trends of liver cirrhosis and liver cancer in Hong Kong; whether the Government has adjusted its prevention strategies on the basis of such data; and

(5) in order to provide more treatment options for patients and effectively

relieve the pressure on public hospitals, whether the Government will consider using the public-private partnership approach or expanding the scope of the "Elderly Health Care Voucher Greater Bay Area Pilot Scheme" to arrange, under the risk-based principle, for low-risk patients to receive treatment at healthcare institutions in the Mainland cities of the Guangdong-Hong Kong-Macao Greater Bay Area; if so, of the details; if not, the reasons for that?

Reply:

President,

Hepatitis is an inflammation of the liver, which can be classified into acute or chronic disease. Serious hepatitis cases will lead to liver failure, cirrhosis or liver cancer. Hepatitis is the most commonly caused by the hepatitis virus infection worldwide. In Hong Kong, the major risk factor leading to liver diseases including liver cancer is chronic hepatitis B (CHB) infection. The Government is strongly committed to the prevention and treatment of hepatitis and liver cancer. Among which, in 2018, the Government established the Steering Committee on Prevention and Control of Viral Hepatitis (SCVH) to provide advice on overall policy, targeted strategies and effective resource allocation related to prevention and control of viral hepatitis. In October 2020, the SCVH formulated the Hong Kong Viral Hepatitis Action Plan 2020 – 2024 and all the new initiatives outlined in the plan have been fully implemented.

The Government has been adopting a series of effective and free-of-charge measures to prevent mother-to-child transmission (MTCT) of hepatitis B virus (HBV) which may lead to CHB, including:

- (i) universal neonatal hepatitis B vaccination since 1988;
- (ii) universal antenatal screening for hepatitis B;
- (iii) administration of hepatitis B immunoglobulin for babies born to mothers with hepatitis B;
- (iv) using antivirals to further minimise the risk of MTCT of HBV among pregnant women with CHB and high viral load since August 2020 under the steer of the SCVH; and
- (v) post-vaccination serologic testing arranged for babies born to mothers with hepatitis B since January 2022.

As shown in the results of the Population Health Survey 2020 – 22 of the Department of Health (DH), the prevalence of HBV infection of the Hong Kong population dropped from about 10 per cent in the 1970s to about 5.6 per cent in 2022. About 410 000 people in Hong Kong are with hepatitis B currently. The prevalence of HBV infection was lower than 1 per cent among the group aged below 35, reflecting that the series of measures against MTCT of HBV implemented since the 1980s are effective in lowering the prevalence of HBV infection in the younger generation. The prevalence of HBV infection was much higher among those aged 35 or above and peaked at those aged 35 to 54 (8.4 per cent prevalence estimated; about 200 000 living with hepatitis B), who were born before the implementation of the universal childhood immunisation

programme for hepatitis B vaccines in 1988.

The reply, in consultation with the DH, the Primary Healthcare Commission (PHC Commission) and the Hospital Authority (HA) to the question raised by the Hon Joephy Chan is as follows:

(1) Viral Hepatitis Control Office (VHCO) of the DH co-ordinates the actions and programmes related to prevention and control of viral hepatitis, including health education, and surveillance and prevention of viral hepatitis, and provides secretariat support to the SCVH. The VHCO has been providing health education related to viral hepatitis for the public through various channels, including social media, health talks and themed exhibitions. The VHCO also collaborates with community partners to launch promotion activities.

Currently, the Maternal and Child Health Centres under the DH provide hepatitis B vaccination services for infants and young children from birth to five years old. For those primary school children who have not completed the hepatitis B vaccination, the School Immunisation Team under the Centre for Health Protection of the DH provides mop-up vaccination services to ensure that local school children are protected by the hepatitis B vaccine. The current vaccination rate for school children is 99 per cent while the prevalence of HBV infection among those under 35 years old is below 1 per cent. Hence, the health promotion efforts of the VHCO focus on reminding adults at higher risk of infection in the community to undergo early testing and treatment for hepatitis B, including those who have not been benefited from vaccination.

In 2024, the VHCO conducted nine public health talks and 11 themed exhibitions, reaching over 7 000 attendances. Over 33 000 health education materials were distributed to community health promotion partners, healthcare institutions and the general public. The related expenditure cannot be separately identified given that they have been subsumed into the viral hepatitis control programmes provided by the DH.

The Government will closely keep in view local and international situation of hepatitis B, promulgate the Hong Kong Viral Hepatitis Action Plan 2025 – 2030 this year, and continue to enhance health promotion and educational activities.

Meanwhile, District Health Centres and District Health Centres Expresses (collectively referred to as DHCs) in all 18 districts across the city are promoting the Life Course Preventive Care Plan along with family doctors to enhance citizens' self-management ability. Family doctors and primary healthcare professionals will provide vaccination information and education (such as Hepatitis B vaccine), guidance on healthy lifestyles, as well as recommendations and services for chronic disease and cancer screening, according to personal factors like age, sex and family history. DHCs also organise talks on liver health, providing the public with related education and information.

(2) The DH has been enhancing the focused risk-based testing service for viral hepatitis for people at a higher risk of HBV infection in its Services in recent years. With effect from April 2022, all men who have sex with men and sex workers attending Social Hygiene Clinics of the DH are offered with HBV screening as part of the comprehensive screening for sexually transmitted infections. With effect from July 2023, the DH has launched risk-based viral hepatitis screening services at its Elderly Health Service, Woman Health Service, Families Clinics and methadone clinics.

As announced in the 2024 Policy Address, the Government will roll out a new programme to subsidise hepatitis B screening to prevent liver cancer. The PHC Commission will provide hepatitis B screening and continued management to groups with higher risk via DHCs and family doctors through strategic purchasing and co-payment model. The programme enables early detection of people infected with HBV in the community and early identification and treatment of CHB to reduce the risk of complications (such as cirrhosis and liver cancer). The PHC Commission will announce the programme details within 2025.

(3) The number of in-patient and day-in-patient discharges and deaths with the principal diagnosis of chronic liver disease and liver cirrhosis at various hospitals under the HA in the past five years is set out as follows:

Year	Number of in-patient and day-in-patient (Note) discharges and deaths with the principal diagnosis of chronic liver disease and liver cirrhosis
2020	707
2021	766
2022	720
2023	762
2024 (Provisional figures)	687

Note: The aforementioned figures do not include patients with principal diagnosis other than chronic liver disease and liver cirrhosis. Day-in-patients refer to patients admitted into hospital for non-emergency treatment and discharged within the same day, while in-patients refer to those admitted into hospitals via the Accident and Emergency Department or those who stayed for more than one day.

The HA does not separately maintain statistics on the number of new cases of liver cirrhosis diagnosed in specialist out-patient clinics.

(4) Oesophago-gastro-duodenoscopy (commonly known as gastroscopy) is not a mandatory examination for the diagnosis, assessment, or treatment of liver cirrhosis or liver cancer. The HA provides appropriate examination and

necessary treatment to liver cirrhosis or liver cancer patients based on clinical needs. The HA does not maintain statistics on the number of cases diagnosed with liver cancer or liver cirrhosis among those undergoing gastroscopy. The relevant data is not related to the trends of liver disease incidence in Hong Kong.

According to data from the Hong Kong Cancer Registry, there were 1 612 new cases of liver cancer in 2022, accounting for 4.6 per cent of all new cancer cases in Hong Kong. Liver cancer ranks as the fifth most common types of cancer and is the third leading cause of cancer deaths in Hong Kong. Based on the crude incidence rate, there are 22 new cases per 100 000 population in Hong Kong. Males are more susceptible to liver cancer than females, with a male-to-female incidence ratio of 2.7 to 1 in 2022. Compared with ten years ago, the number of new cases of liver cancer has dropped by about 10 per cent.

The number of liver cancer cases diagnosed each year and its percentage in the total number of new cancer cases from 2012 to 2022 are set out below:

Year	Number of new cases of liver cancer	Percentage of the total number of new cancer cases
2012	1 790	6.4 per cent
2013	1 852	6.4 per cent
2014	1 847	6.2 per cent
2015	1 791	5.9 per cent
2016	1 810	5.8 per cent
2017	1 834	5.5 per cent
2018	1 742	5.1 per cent
2019	1 876	5.3 per cent
2020	1 735	5.1 per cent
2021	1 771	4.6 per cent
2022	1 612	4.6 per cent

On prevention and control strategies, key measures of the Government include:

- (i) continuing to closely monitor the hepatitis situation locally and internationally;
- (ii) formulating the Hong Kong Viral Hepatitis Action Plan 2025-2030 within 2025;
- (iii) preparing for the launch of a pilot programme for hepatitis B in the community in a risk-based approach by the PHC Commission with reference to the screening strategy recommended by the SCVH; and
- (iv) apart from the three clusters currently piloting the collaborative service model for the management of hepatitis B, the HA will continue to pilot the service model concerned in the Medicine Specialist Out-patient

Clinics and Family Medicine Specialist Clinics of other clusters, as well as collaborate with the DH and the PHC Commission to promote hepatitis B management to family doctors. Through the above measures, it is expected that the overall management capability for hepatitis B and service volume in Hong Kong will be further enhanced, thereby reducing the transmission of hepatitis B and its associated disease burden.

In addition, the Cancer Expert Working Group on Cancer Prevention and Screening (CEWG), established under the Cancer Coordinating Committee chaired by the Secretary for Health, regularly reviews local and international scientific evidence with a view to making recommendations to the Government on formulating evidence-based measures for cancer prevention and screening programmes applicable to the local population. Currently, the CEWG does not recommend routine liver cancer screening for asymptomatic individuals at average risk.

Primary prevention (i.e. reducing exposure to cancer risk factors) is the most important strategy for reducing the risk of developing cancer. The DH has long been encouraging citizens to adopt healthy lifestyles, including avoidance of smoking and alcohol, healthy diet, regular physical activities and maintenance of a healthy body weight and waist circumference to reduce the risks of non-communicable diseases including cancer.

(5) In terms of primary healthcare, the Government is establishing a "Family Doctor for All" system and a multidisciplinary public-private partnership model with DHCs as the hub through the Chronic Disease Co-Care Pilot Scheme (CDCC Pilot Scheme) to subsidise citizens in the diagnosis and management of chronic diseases in the private medical sector. As mentioned above, the Government is planning to implement a subsidised hepatitis B screening programme through family doctors and DHCs using the same multidisciplinary public-private partnership model to encourage citizens to understand their health status through early screening to achieve the goals of "early prevention, early detection, and early treatment". The DH will also continue to strengthen the Government's different vaccination programmes, such as exploring the best use of public-private partnership arrangement where appropriate.

The Hong Kong Special Administrative Region (HKSAR) Government has been following the principles of complementarity and mutual benefits to enhance the cooperation with various cities of the Guangdong-Hong Kong-Macao Greater Bay Area (GBA), on the premise that the development of Hong Kong and the Mainland's healthcare system will be benefited. This is to promote the medical professional standard in the region in general and provide convenience for Hong Kong citizens travelling to and from the Mainland in terms of choices of medical services. Among which, in collaboration with designated collaborating healthcare institutions in the Mainland cities of the GBA, the Government gradually launched the Pilot Scheme for Supporting Patients of the Hospital Authority in the Guangdong-Hong Kong-Macao Greater Bay Area, the Elderly Health Care Voucher Greater Bay Area Pilot Scheme, the Pilot Scheme for Direct Cross-boundary Ambulance Transfer in Greater Bay Area, as well as the new functions under the five-year plan of eHealth+,

which enables citizens to keep and use their personal medical records from within and outside Hong Kong across the boundary.

As a member of the GBA, the HKSAR Government, in formulating cross-boundary healthcare measures, will not only focus on meeting the needs of Hong Kong citizens, but will also consider the potential impact of the policies on the social resources and livelihood of citizens on the Mainland. The healthcare resources and needs, relevant laws and regulations, as well as regulatory regimes for healthcare professions are different in Hong Kong and the Mainland. Upholding the important role of protecting the health of Hong Kong citizens, the HKSAR Government will continue to provide quality healthcare services to Hong Kong citizens, including the above-mentioned strategies and work in the prevention and treatment on hepatitis B. The Government will also explore cross-boundary healthcare measures under the premise that these measures are feasible and mutually beneficial. Meanwhile, the HKSAR Government is exploring the strategic purchase of healthcare services for Hong Kong citizens from suitable healthcare institutions in the GBA to alleviate the pressure on service demand of our public hospital services and shorten the waiting time of Hong Kong residents.