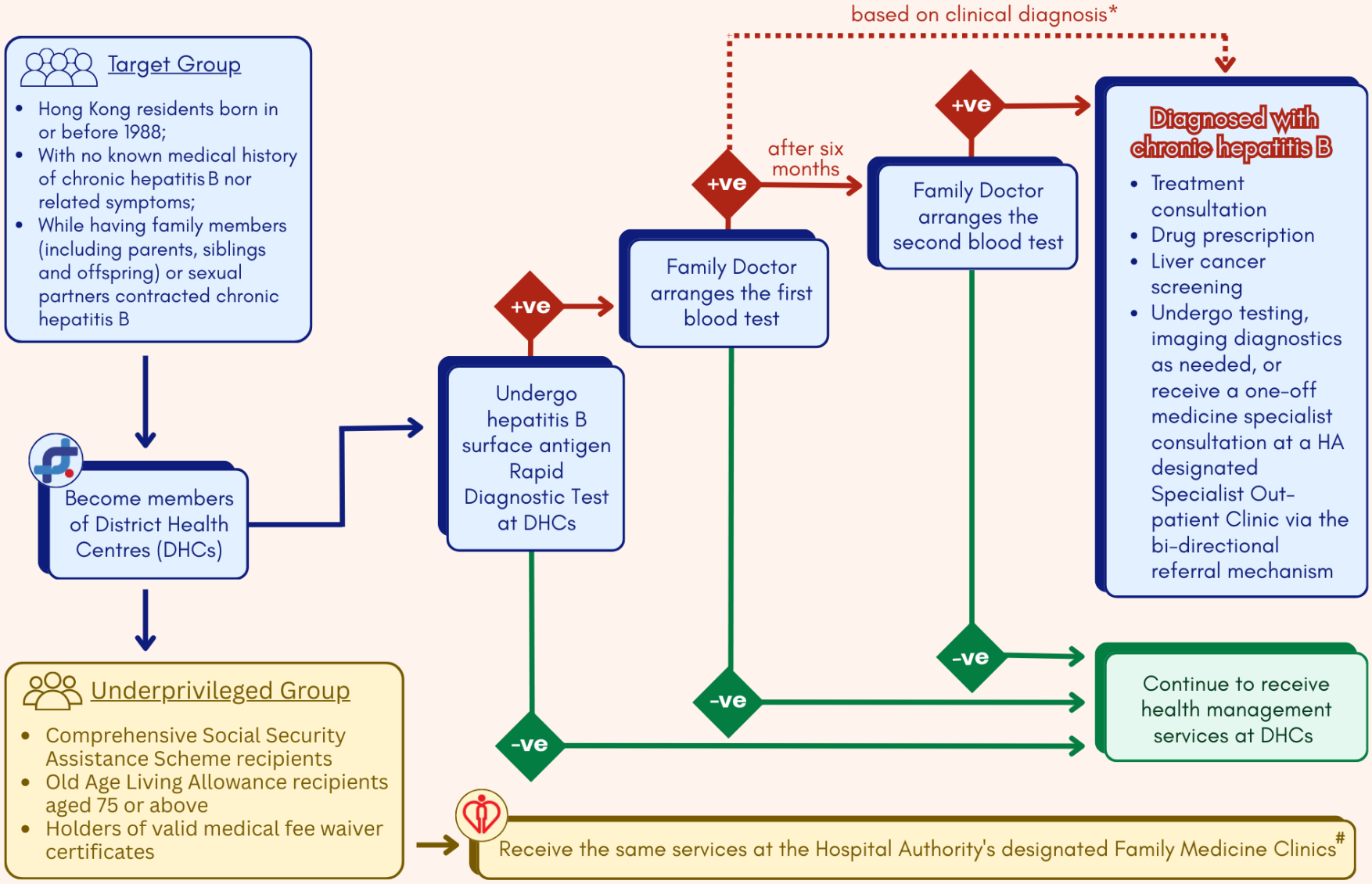
Concise guide

# Service Flow of the Hepatitis B Co-care Scheme




*During the process, family doctors will promptly assess and diagnose whether a participant has chronic hepatitis B based on participant's laboratory results and clinical conditions, with a view to providing appropriate treatment and management to the patient.

#Participants may be granted a full or partial medical fee waiver based on their relevant eligibility when receiving the services.

Remark: Please refer to the Operation Manual of CDCC Pilot Scheme for more details.

For the details about the available resources for healthcare professionals, please scan the QR code here.



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# Components of Management Package for Scheme Participants with CHB

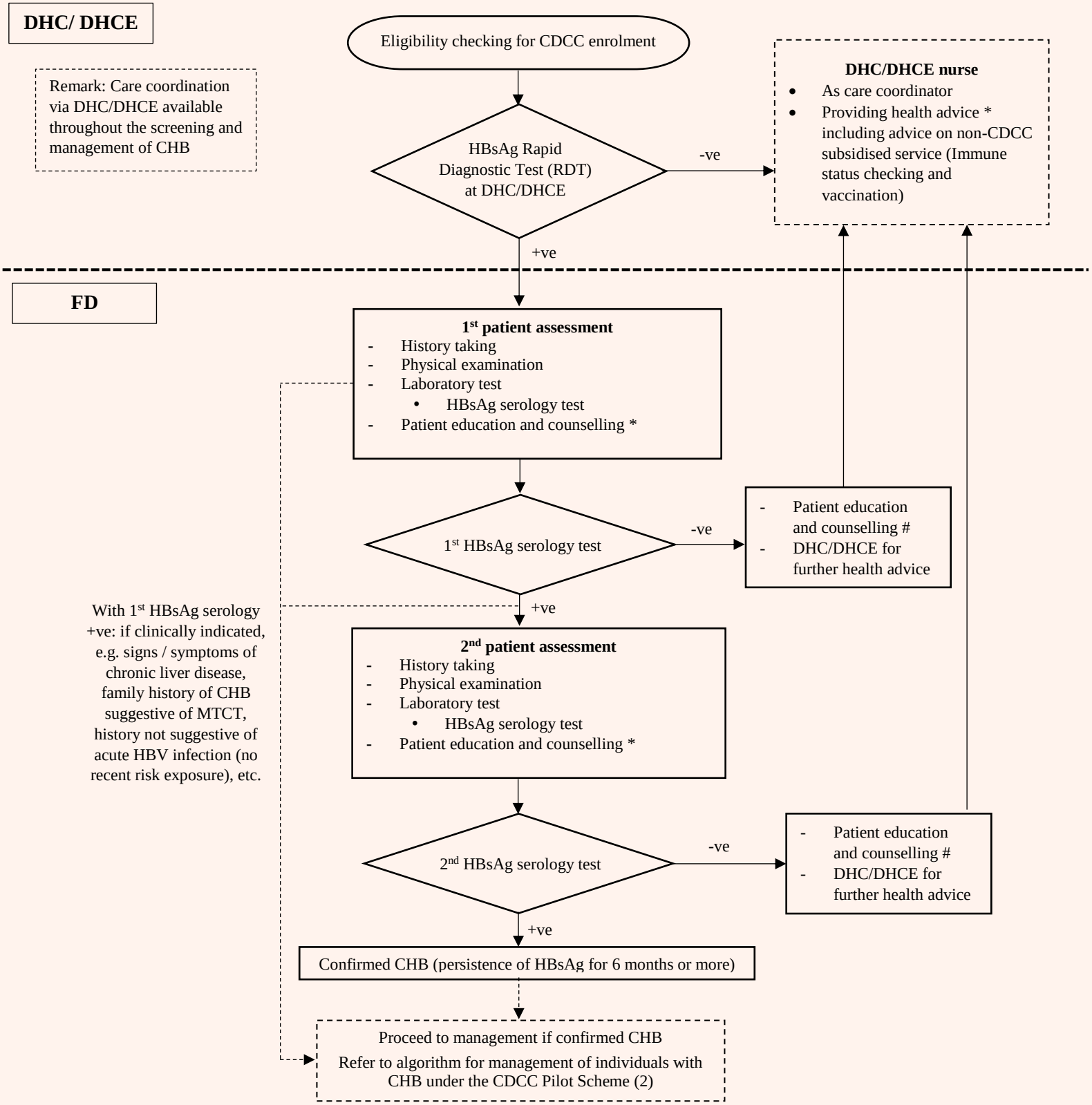
| Components of Management | |
|---|---|
| **1.** | Maximum **four** subsidised medical consultations annually |
| **2.** | Medical treatment as clinically indicated |
| **3a.** | Initial Assessment:<br>• **LFT**, **RFT**, **CBC**, **AFP**<br>• **HBV DNA**<br>• **HBsAg** if there is no repeated HBsAg 6 months after the first positive result<br>• **HBeAg** and **Anti-HBe**<br>• Non-invasive tests to assess liver fibrosis e.g. AST-to-platelet ratio index ("**APRI**"), Fibrosis-4 index ("**FIB-4**")[#]<br>• **USG liver** if clinically indicated<br>• Any additional investigation(s) as clinically indicated |
| **3b.** | For Scheme Participants NOT receiving antiviral treatment:<br>• **LFT** every 6 months<br>• **HBV DNA** every 6-12 months<br>• **APRI** and/or **FIB-4** annually[#]<br>• *(For HBeAg-positive individuals)* **HBeAg** and **Anti-HBe** annually<br>• *(For HBeAg-negative individuals)* **HBsAg** annually<br>• **AFP** and **USG liver** every 6 months for HCC surveillance if clinically indicated<br>• Any additional investigation(s) as clinically indicated<br><br>**Note:** More frequent monitoring may be required for Scheme Participants with abnormal ALT and/or HBV DNA >2000 IU/ml but not yet on treatment |
| **3c.** | For Scheme Participants receiving antiviral treatment:<br>• **LFT** every 6 months<br>• **HBV DNA** every 6 months during the first year of treatment, then annually<br>• **RFT** every 6 months (with serum phosphate if on tenofovir*)<br>• **APRI** and/or **FIB-4** annually[#]<br>• *(For HBeAg-positive individuals)* **HBeAg** and **Anti-HBe** annually<br>• *(For HBeAg-negative individuals)* **HBsAg** annually after achieving virological response<br>• **AFP** and **USG liver** every 6 months for HCC surveillance if clinically indicated<br>• Any additional investigation (s) as clinically indicated<br><br>**Note:** More frequent monitoring may be required at treatment initiation to assess treatment response, especially in Scheme Participants with abnormal ALT; or where treatment adherence is a concern. |
| **4.** | HA designated M&G specialist consultation under bi-directional referral mechanism *(please refer to Operation Manual **Part II Section 4 Paragraph 4.2** for details)* |
| **5.** | Life course preventive care |
| **6.** | HRFA annually |
| **7.** | Lifestyle modification activities as appropriate |

[#] Consider transient elastography (non-subsidised item under CDCC Pilot Scheme) where available, as detailed in the Hong Kong Primary Healthcare Reference Framework - Management of Adults with Chronic Hepatitis B in Primary Care

*Non-subsidised item under CDCC Pilot Scheme

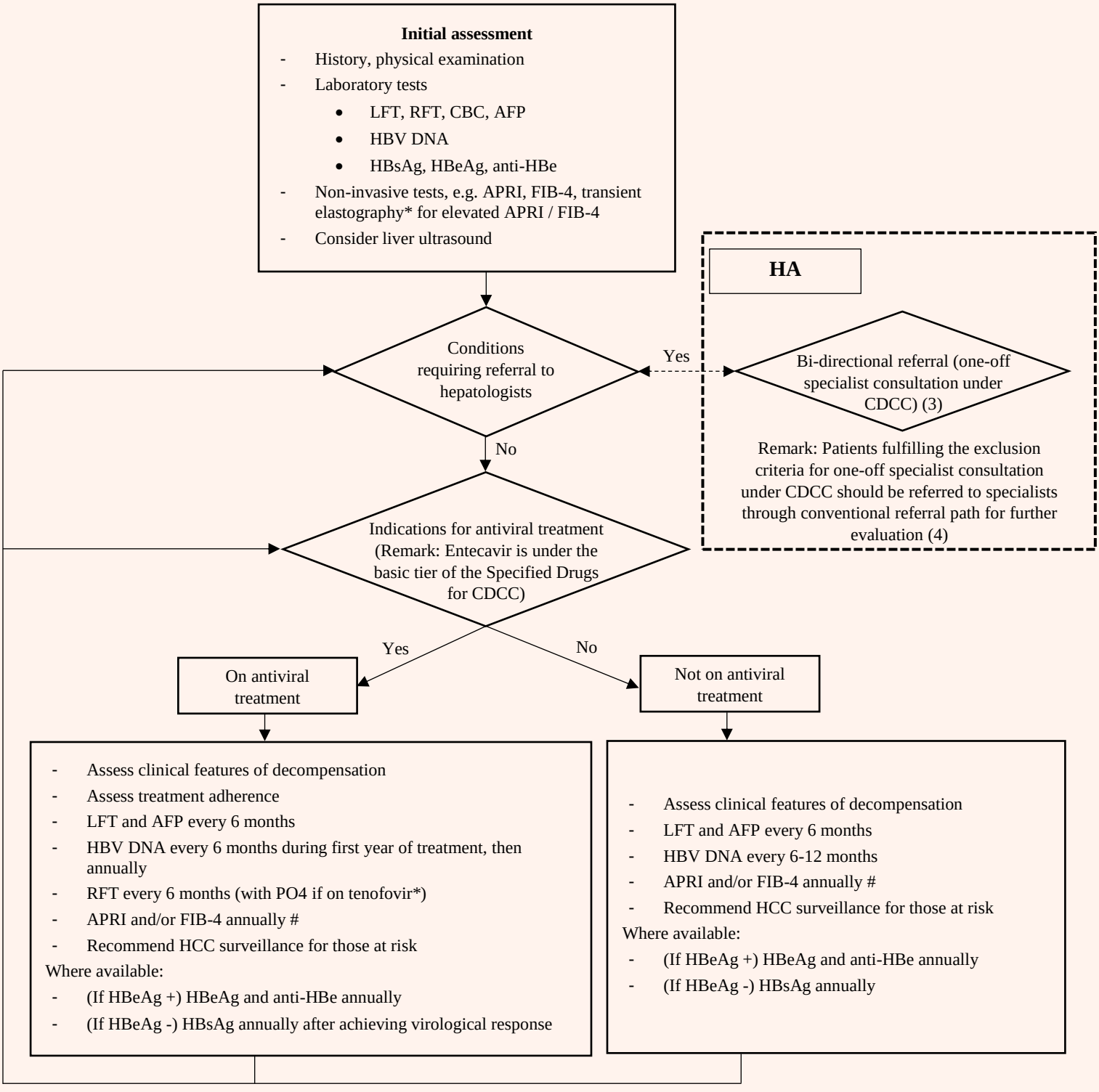
# Overview of the Clinical Pathway for Scheme Participants of the Hepatitis B Co-care Scheme

## (1) Algorithm for Chronic Hepatitis B (CHB) Screening under the CDCC Pilot Scheme (Hepatitis B Co-care Scheme)




*Health education materials will be provided to DHC/DHCE and FD for supporting patient education and counselling.
#Including advice on immune status checking and vaccination if susceptible (non-CDCC subsidised service that can be offered by FD)

## (2) Algorithm for Management of Individuals with CHB under the CDCC Pilot Scheme (Hepatitis B Co-care Scheme)



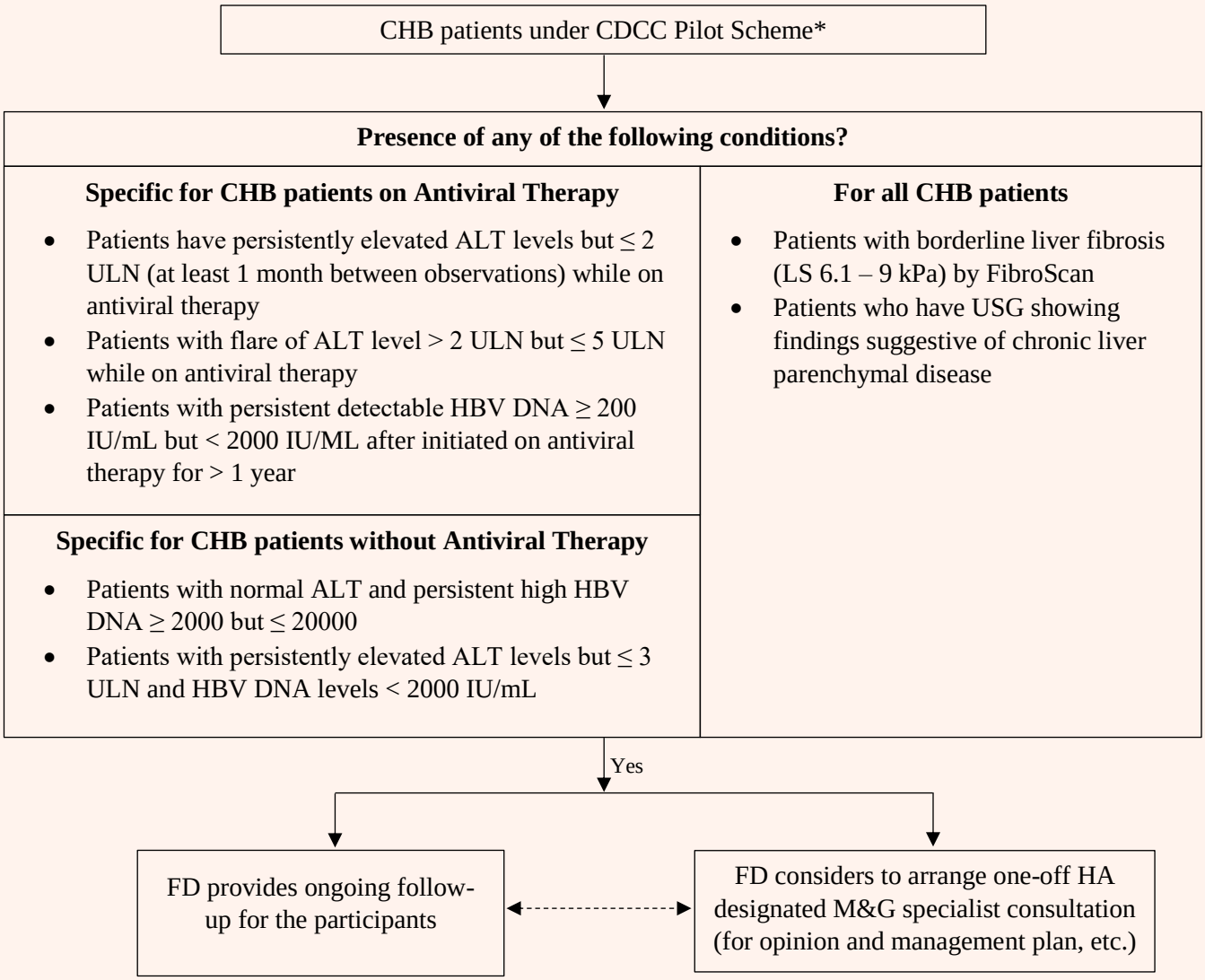

Note:

- More frequent monitoring may be required at treatment initiation, in those with abnormal ALT and/or HBV DNA >2000 IU/ml but not yet on treatment, or where treatment adherence is a concern.
- The suggested frequency of monitoring serves as a general reference. Clinicians may adapt their approach based on individual patients' needs, patient acceptance, and resource availability.

# Consider transient elastography* where available, as detailed in the Hong Kong Primary Healthcare Reference Framework - Management of Adults with Chronic Hepatitis B in Primary Care

* Non-subsidised item under CDCC Pilot Scheme

## (3) Criteria for One-off Specialist Consultation under the CDCC Pilot Scheme (Hepatitis B Co-care Scheme) for CHB patients




*If none of the conditions required for One-off Specialist Consultation under CDCC Pilot Scheme is present, but specialist consultation is nonetheless clinically indicated, FDs may make the necessary referral(s) to specialists for the Scheme Participant through conventional referral path.

## (4) Exclusion Criteria for One-off Specialist Consultation under the CDCC Pilot Scheme (Hepatitis B Co-care Scheme) for CHB Patients

*(Scheme Participants fulfilling the exclusion criteria should be referred to specialists through conventional referral path for further evaluation and management)*

**Specific for CHB patients on Antiviral Therapy**

- Patients with ALT level > 5 ULN
- Patients have persistently elevated ALT levels (at least 1 month between observations) > 2 ULN and further investigations, assessment or treatment by physicians / hepatologists are indicated
- Patients with persistent detectable HBV DNA ≥ 2000 after initiated on antiviral therapy for > 1 year
- Patients are suspected to have treatment failure or drug resistance (e.g. rising HBV DNA > 1 log while on antiviral therapy)
- Patients have unexplained rising trend ALT despite low HBV DNA levels
- Patients have seroconversion of HBsAg from positive to negative while on antiviral therapy and are under consideration of stopping anti-viral treatment

**Specific for CHB patients without Antiviral Therapy**

- Patients are clinically indicated for antiviral therapy but the family doctors cannot provide antiviral therapy
- Patients have persistently elevated ALT levels > 3 ULN but HBV DNA levels < 2000 IU/mL
- Patients with normal ALT and persistent high HBV DNA > 20000

**For all CHB patients**

- Patients developed symptoms and signs of decompensated liver disease
- Patients with radiological (USG / CT / MRI) evidence of severe fibrosis or any severity of liver cirrhosis or probable advanced liver fibrosis / liver cirrhosis (LS > 9 kPa) by FibroScan
- Patients with radiologically (USG / CT / MRI) suspected or confirmed HCC or other hepatobiliary malignant lesions
- Patients are found to have co-infection with HCV or HIV
- Patients have concurrent serious chronic liver disease such as autoimmune hepatitis, primary biliary cholangitis
- Patients on immunosuppressive treatment
- Patients with elevated AFP or PIVKA-II
- Patients are pregnant
- Patients with other abnormal liver function tests which require further assessment by medical specialists