

控制病毒性肝炎辦公室
Viral Hepatitis Control Office



衛生防護中心
Centre for Health Protection



衛生署
Department of Health

乙型肝炎 簡報會

2024年2月20日

- ◀ 乙型肝炎簡介
- ◀ 本地流行情況
- ◀ 防控病毒性肝炎
 - ◀ 預防乙肝母嬰傳播
 - ◀ 早篩查 早發現 早醫治
- ◀ 健康建議

乙型肝炎簡介



控制病毒性肝炎辦公室
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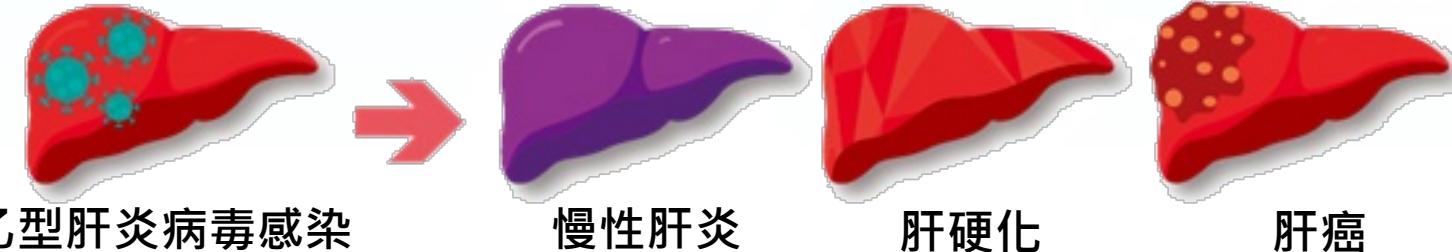
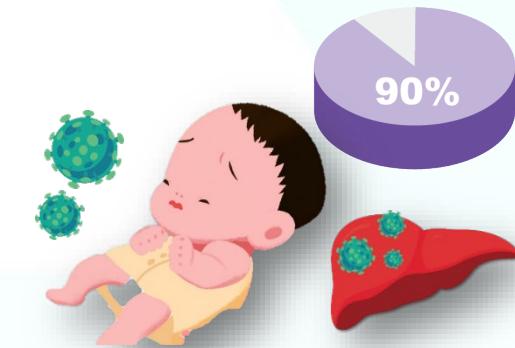


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- 乙型肝炎是由乙型肝炎病毒感染所引起的肝臟疾病
- 部分患者未能清除病毒而發展為慢性乙型肝炎
 - 受感染時的年齡愈小，風險愈高
 - 若初生嬰兒受到感染，有**九成**機會發展為慢性乙型肝炎
- 未有接受治療的慢性乙型肝炎患者當中，約15-40%長遠會出現**肝硬化**或**肝癌**



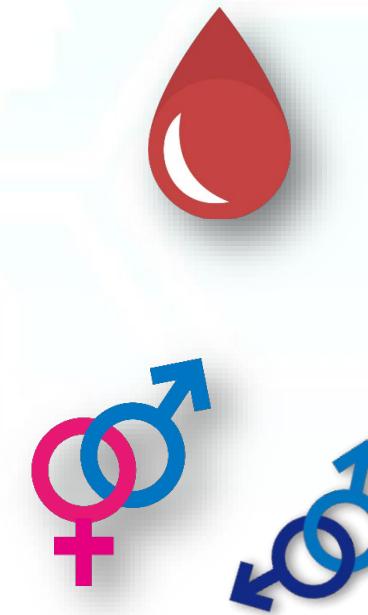
- 慢性乙型肝炎患者可持續沒有症狀，直至肝臟受嚴重損害後才出現徵狀

香港的肝癌病人中，約**八成**屬乙型肝炎患者

乙型肝炎的傳播途徑



母嬰傳播



接觸感染者的
血液或體液

性接觸

- 本港大部份乙型肝炎患者是經母嬰傳播感染
- 無論在自然分娩或剖腹生產過程中，患有乙型肝炎的母親都有機會把乙型肝炎病毒傳播給嬰兒

► 衛生署 2020-22年度人口健康調查，首次納入關於病毒性肝炎的調查問題和測試，分析本港人口病毒性肝炎的狀況

住戶調查



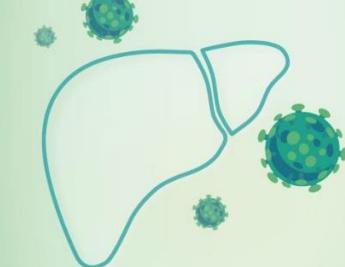
- 成功訪問超過16 000名 15歲或以上的陸上非住院香港人口
- 病毒性肝炎病史及治療情況、慢性病毒性肝炎及相關的併發症等資料

身體檢查



- 抽選15至84歲受訪者進行身體檢查
- 共超過2 000名受訪者完成涵蓋主要肝炎病毒(甲型、乙型、丙型和戊型)的血液測試

病毒性肝炎主題性報告
2020-22年度人口健康調查



本地流行情況



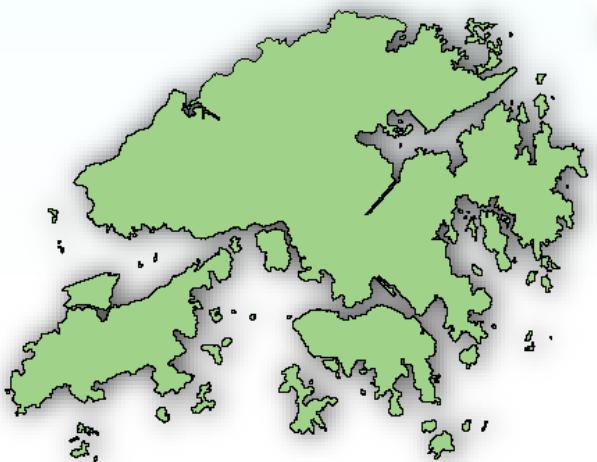
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- 2020-22年度人口健康調查發現，
6.2%的參與者(15至84歲)對乙型肝炎表面抗原測試呈陽性，代表有慢性乙型肝炎病毒感染
- 按照2020-22年度人口健康調查結果作推算，全港整體人口當中



約5.6%
41萬人
患有乙型肝炎

乙型肝炎在香港屬
中高流行程度

世界衛生組織按一般人口中的乙型肝炎表面抗原陽性率劃分乙型肝炎流行程度為：
高 (>8%)、中高 (5% - 7.9%)、中低 (2% - 4.9%) 及低 (<2%)

衛生署 2020-22年度人口健康調查

肝脏 年青一代的乙型肝炎感染率明顯較低

肝脏 乙型肝炎表面抗原陽性率

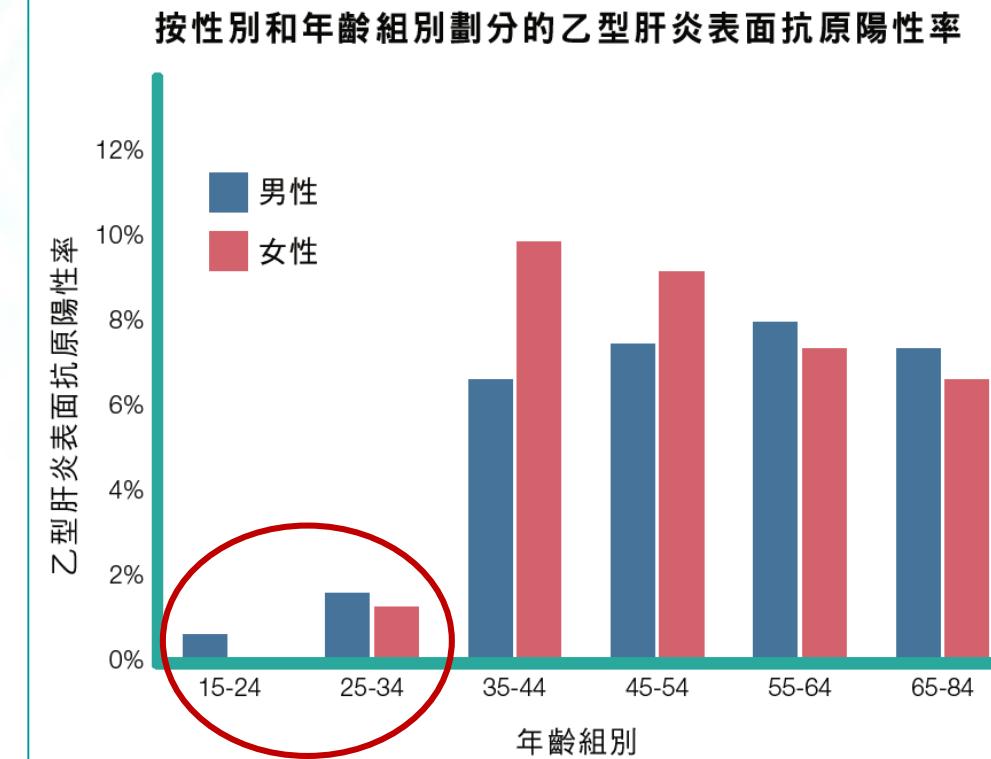
15至24歲 = 0.3%

25至34歲 = 1.5%



自1980年代實施的一系列預防
乙型肝炎母嬰傳播的措施

有效降低年青一代至少於1%的
乙型肝炎感染率



自1980年代本港已採取一系列預防乙型肝炎母嬰傳播的措施



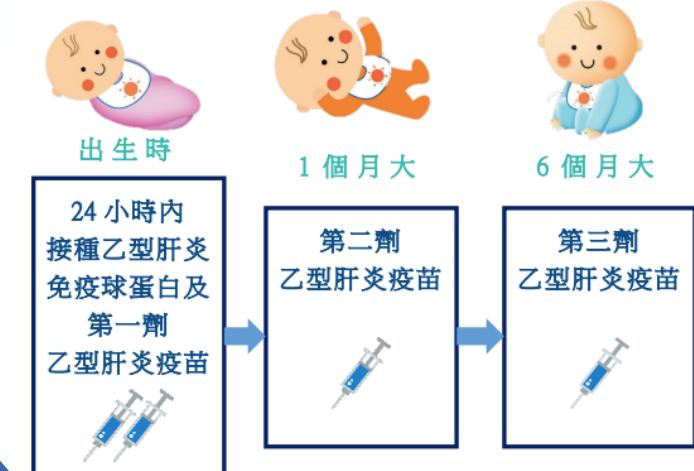
為乙肝孕婦所生的嬰兒
注射乙型肝炎免疫球蛋白

為所有孕婦進行
乙型肝炎篩查

為所有新生嬰兒
接種乙型肝炎疫苗

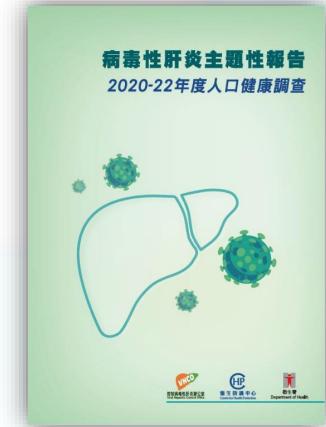


自2001年起，衛生署定期進行全港免疫接種覆蓋調查，以監察本港學前兒童的疫苗接種率。過去的調查一直顯示，乙型肝炎疫苗的接種覆蓋率維持在非常高水平，達 **99%以上**





- 預防乙型肝炎母嬰傳播的措施有效降低年青一代的乙型肝炎感染率
- 香港整體人口的乙型肝炎感染率呈下降趨勢



醫務衛生署
1978-79年
9.5%

香港大學
2015-16年
7.2%

衛生署
2020-22年
5.6%

衛生署
2001年
8.8%

香港中文大學
2018-20年
6.3%

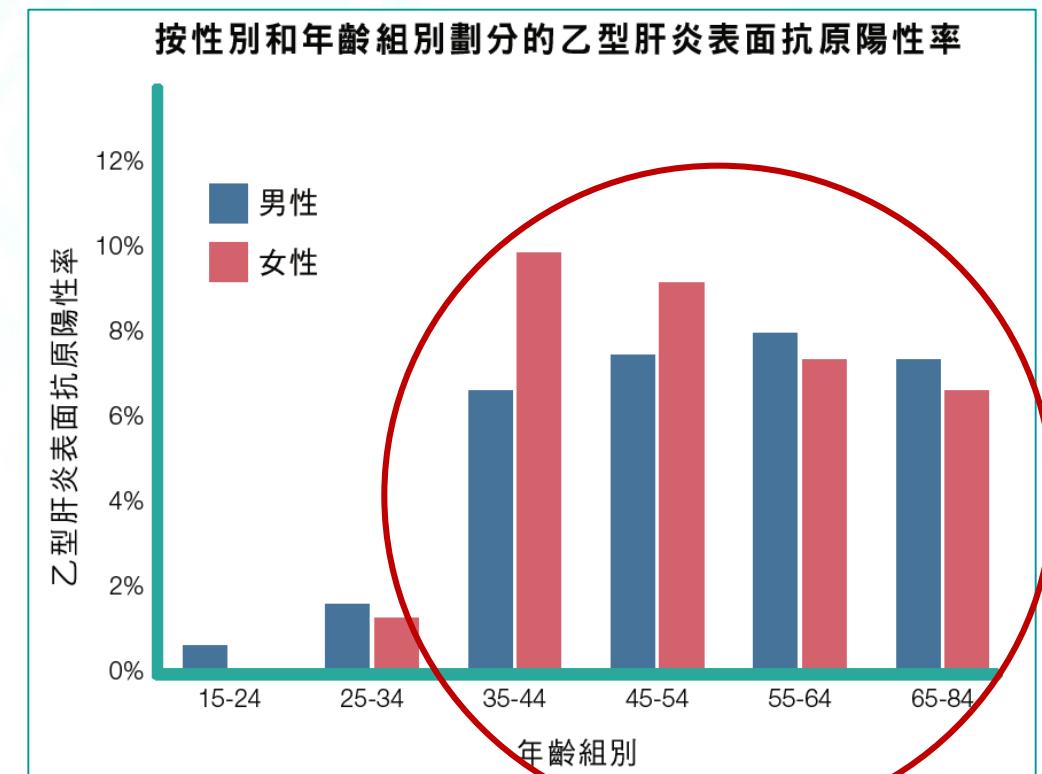
資料來源：

1. 香港醫學會醫刊，1985，37(2)：27-30。
2. 2022年香港病毒性肝炎監測報告。
3. 傳染病雜誌，2019，219(12)：1924-33。
4. 流行病學和感染，2023，151:e22。
5. 病毒性肝炎主題性報告（2020-22年度人口健康調查）

衛生署 2020-22年度人口健康調查

- 35歲或以上人士的乙型肝炎感染率明顯較高
35至54歲人士 = 8.4%
- 主要是於1988年前出生，未受惠於普及兒童乙型肝炎疫苗接種計劃的市民

乙型肝炎對本港公共衛生的負擔
仍然沉重



乙肝患者就醫情況



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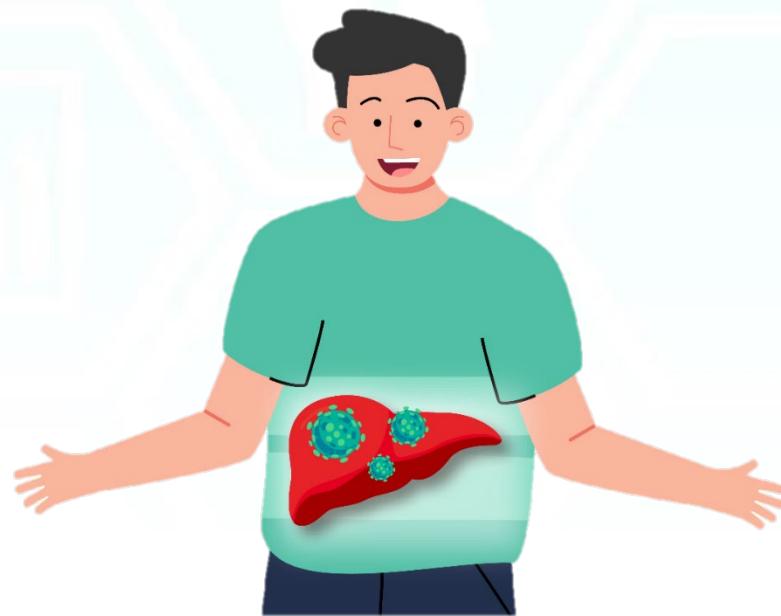
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~ 40%

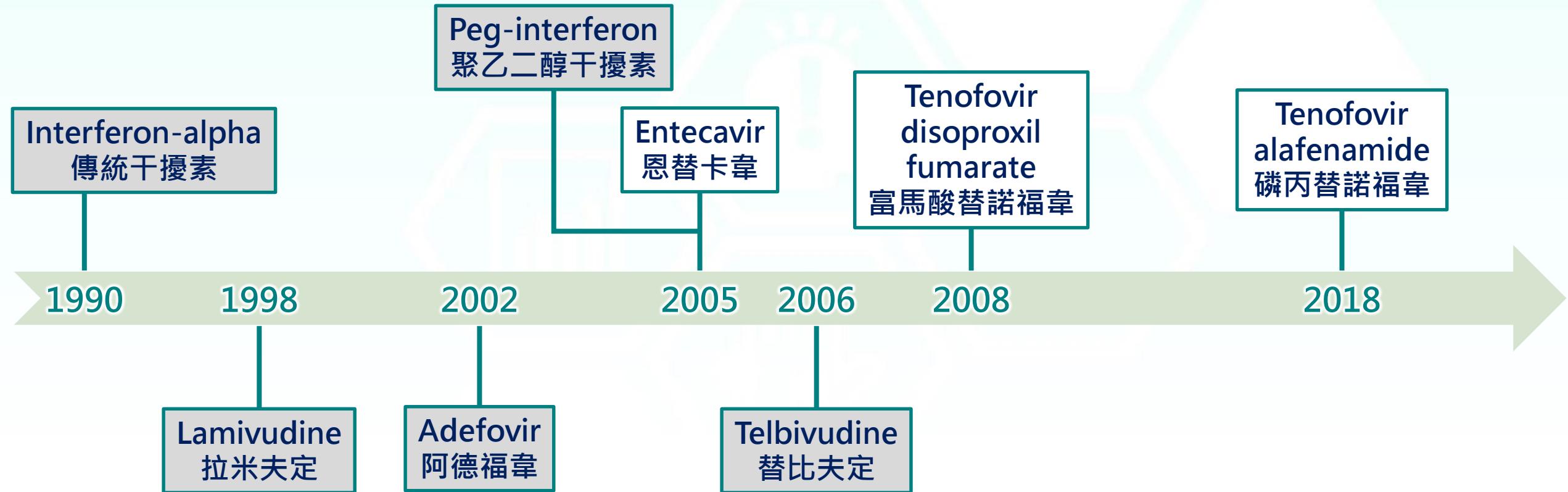
不知道已感染乙型肝炎



~ 70%

沒有跟進乙型肝炎

經2020-22年度人口健康調查發現患有乙型肝炎的參與者中



現時乙肝口服抗病毒藥物

- ✓ 能有效抑制乙肝病毒複製，減低患上肝硬化、肝衰竭及肝癌的風險
- ✓ 副作用少、抗藥風險低

防控病毒性肝炎



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為達致世界衛生組織訂下於**2030年或之前消除病毒性肝炎**
作為公共衛生威脅的全球目標



- 政府於2018年7月成立預防及控制病毒性肝炎督導委員會，就預防及控制病毒性肝炎的整體政策、具體策略和資源運用向政府提供建議
- 政府於2020年10月訂立《**2020-2024年香港病毒性肝炎行動計劃**》
 - 採納**四項核心策略**，制定了衛生署、醫院管理局及其他持份者的具體行動，以推動消除慢性肝炎的進程
 - 重點①預防乙肝母嬰傳播**
②及早識別和治理慢性肝炎

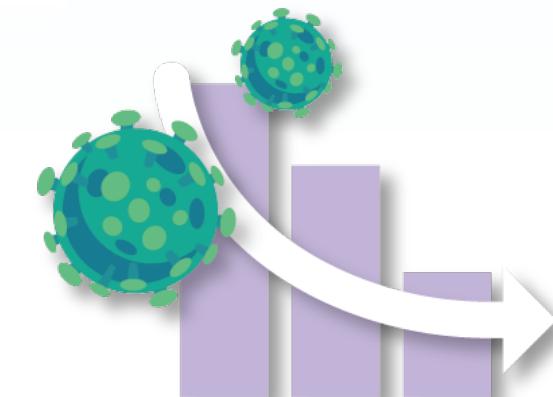


預防乙肝母嬰傳播新增措施



為達致「無乙肝新一代」的目標

- 自2020年8月起，為患有乙肝且病毒載量高的孕婦提供抗病毒藥物，進一步降低母嬰傳播風險



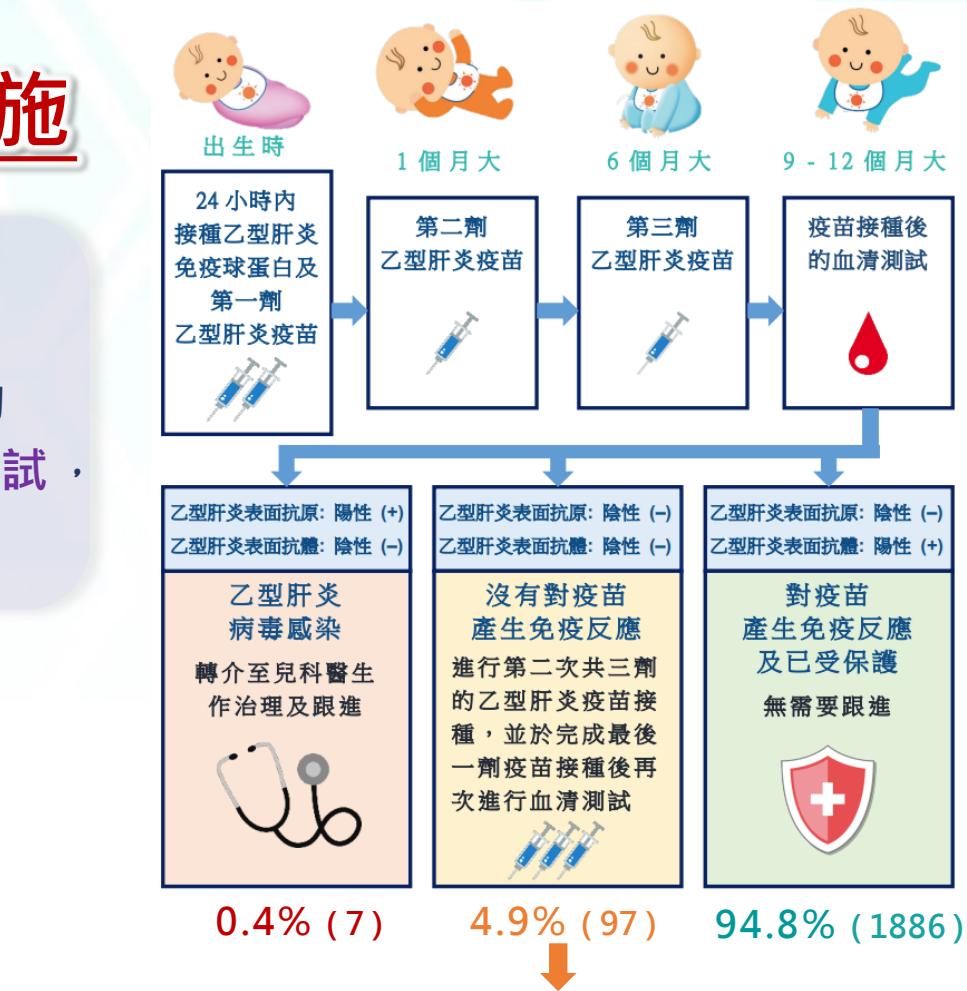
預防乙肝母嬰傳播新增措施

為達致「無乙肝新一代」的目標

- 自2022年1月起，為母親是乙肝患者的嬰兒安排接種乙型肝炎疫苗後的血清測試，確保高危嬰兒已受保護



截至2023年底，共**1990**名嬰兒接受了接種乙肝疫苗後的血清測試



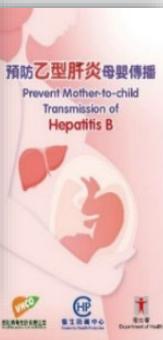
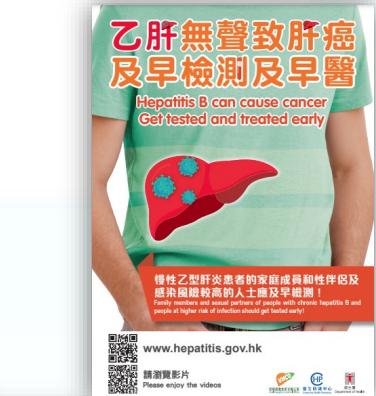
當中**62**名兒童**完成第二次乙肝疫苗接種及血清測試**，
結果顯示全部都已**對疫苗產生免疫反應及已受保護**

較高感染風險人士應及早檢測 及早識別和治理慢性肝炎

- 衛生署聯同醫院管理局透過多項措施，致力提升診斷及治療慢性肝炎的服務容量
- 衛生署服務較高風險人士的相關單位一直加強以風險為本的病毒性肝炎篩查服務
 - 社會衛生科診所（男男性接觸者及性工作者）
 - 美沙酮診所（注射毒品人士）
 - 綜合治療中心（愛滋病病毒感染者及較高風險感染人士）
 - 長者健康中心、婦女健康服務、公務員診所（乙型肝炎患者的家庭成員及性伴侶）



衛生署會繼續透過不同渠道，並聯同地區康健中心及非政府組織合辦健康推廣活動，包括公眾講座及展覽，向市民推廣進行肝炎測試及醫療跟進的重要性



繼續為醫護人員及風險群組服務提供者提供培訓

➤ 醫院管理局和衛生署於2023年9月制訂《慢性乙型肝炎成年病人的基層醫療治理指引》並於醫管局試行基層醫療與專科的合作治理模式

➤ 病情穩定的患者由基層醫療醫生治理

➤ 病情較複雜的患者由肝臟專科醫生跟進

有關經驗將有助規劃在基層醫療層面進行篩查及治理乙型肝炎



Management of Adult Patients with Chronic Hepatitis B (CHB) in Primary Care - Summary																											
Initial assessment and triage of CHB patients		Monitoring of CHB patients																									
Initial Assessment <ul style="list-style-type: none"> History Physical examination Baseline blood tests Non-invasive tests for liver fibrosis (e.g. Alfa-fetoprotein (AFP), FibroScan® (FibroTest®), Transient elastography (TE)) Coroner liver ultrasoundography (USG) 			Counselling <ul style="list-style-type: none"> Reinforce the importance of lifelong monitoring Promote a healthy diet and exercise Advise on prevention measures against HBV transmission 																								
Having conditions requiring referral to hepatology?			Assess the need for antiviral therapy and review monitoring frequency.																								
Indications for antiviral treatment <ul style="list-style-type: none"> CHB patients with advanced fibrosis (liver stiffness measurement (LSM) > 9 kPa), clinically decompensated liver disease, or HCC and detectable HBV DNA CHB patients with elevated ALT (> upper limit of normal (ULN) + 2.5 UL for males and 2.5 UL for females) and HBV DNA > 2000 IU/mL, regardless of HBsAg status Pre-emptive treatment for patients on anti-cancer chemotherapy or immunosuppressive therapy at risk of hepatitis B reactivation Transplant patients with hepatitis B infection Pregnant women with HBV DNA > 200 000 IU/mL 			Regular monitoring is necessary for all patients with CHB, which consists of the following: <ul style="list-style-type: none"> Clinical assessment <ul style="list-style-type: none"> Signs and symptoms of decompensation Laboratory investigations <table border="1"> <thead> <tr> <th>Test</th> <th>Testing interval</th> <th>Remarks</th> </tr> </thead> <tbody> <tr> <td>Liver function test (LFT)</td> <td>Every 6 months</td> <td>Every 3–6 months for HBsAg-positive patients not on treatment</td> </tr> <tr> <td>Alpha-fetoprotein (AFP)</td> <td>Every 6 months</td> <td>Derive from complete blood count test and AST from LFT</td> </tr> <tr> <td>HBV DNA</td> <td>Every 6–12 months during the first year of treatment, then yearly</td> <td></td> </tr> <tr> <td>APRI</td> <td>Yearly</td> <td>Derived from complete blood count test and AST from LFT</td> </tr> <tr> <td>HBsAg and anti-HBs (for HBsAg-ve patients)</td> <td>Yearly until HBsAg seroconversion</td> <td></td> </tr> <tr> <td>HBsAg (for HBsAg-ve patients)</td> <td>Yearly</td> <td></td> </tr> <tr> <td>Transient function test (TFT), including aspartate aminotransferase (AST) (for patients on treatment)</td> <td>Every 6 months</td> <td>With serum cholesterol for monitor</td> </tr> </tbody> </table> Evaluate need for antiviral treatment if not yet on treatment. Start treatment if fulfil indications Monitor adherence on treatment Review need for specialist referral Consider periodic non-invasive test for assessment of liver fibrosis (e.g. transient elastography) Recommend hepatocellular carcinoma (HCC) surveillance with USG in patients at increased risk 	Test	Testing interval	Remarks	Liver function test (LFT)	Every 6 months	Every 3–6 months for HBsAg-positive patients not on treatment	Alpha-fetoprotein (AFP)	Every 6 months	Derive from complete blood count test and AST from LFT	HBV DNA	Every 6–12 months during the first year of treatment, then yearly		APRI	Yearly	Derived from complete blood count test and AST from LFT	HBsAg and anti-HBs (for HBsAg-ve patients)	Yearly until HBsAg seroconversion		HBsAg (for HBsAg-ve patients)	Yearly		Transient function test (TFT), including aspartate aminotransferase (AST) (for patients on treatment)	Every 6 months	With serum cholesterol for monitor
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Subgroups of CHB patients requiring hepatology care <ul style="list-style-type: none"> Patients with complications of CHB Patients with concurrent liver conditions Patients with liver lesions Populations with specific management needs and indications for antiviral <ul style="list-style-type: none"> Co-infection with HCV or HIV Pregnant women with high viral load Patients on immunosuppressive therapy at risk of HEV reactivation 			HCC surveillance <ul style="list-style-type: none"> Risk factors <ul style="list-style-type: none"> Patients with cirrhosis Men over 40 years of age Women over 50 years of age Modality <ul style="list-style-type: none"> AFP should be performed every 6 months; and USG of the liver, preferably every 6 months, should be recommended 																								
<small>Please refer to Management of Adult Patients with Chronic Hepatitis B in Primary Care (September 2023) for details, which is accessible at www.hcdo.hk.</small>			Other criteria for referral from primary care to hepatology <ul style="list-style-type: none"> Unexplained deranged liver function Severe acute hepatitis / acute-on-chronic liver failure Failure to breakthrough in patients receiving antiviral treatment Abnormal AFP 																								
Stabilisation of CHB patients & bidirectional referral			Criteria for referral from hepatology to primary care <ul style="list-style-type: none"> CHB patients with stable liver conditions over the past year <ul style="list-style-type: none"> Absence of symptoms and signs of advanced liver disease and Normal ALT and AFP, or stably elevated ALT and AFP, and absence of significant clinical findings and No change in antiviral medication and Absence of advanced fibrosis ($1.5 \mu\text{m} < 9 \mu\text{m}$) with fibrosis assessment within 3 years 																								
Hepatology <ul style="list-style-type: none"> Suspected CHB patients requiring hepatology care 			Primary care <ul style="list-style-type: none"> Stable CHB patients 																								

Management of Adult Patients with Chronic Hepatitis B in Primary Care

September 2023

- 督導委員會確立必須在**基層醫療層面**提升乙型肝炎的診斷和治療能力，以應付乙型肝炎篩查及長期醫療護理的大量需求
- 衛生署正委託大學進行研究，就在本港推行乙型肝炎篩查作經濟效益評估，將為制訂擴大乙型肝炎篩查的策略和資源運用提供重要參考
- 督導委員會將繼續密切關注本地及國際的情況，就預防及控制慢性肝炎的可行、可持續而有效的策略，向政府提供建議，並將制定下一份 **2025–2030年病毒性肝炎行動計劃**



防控病毒性肝炎



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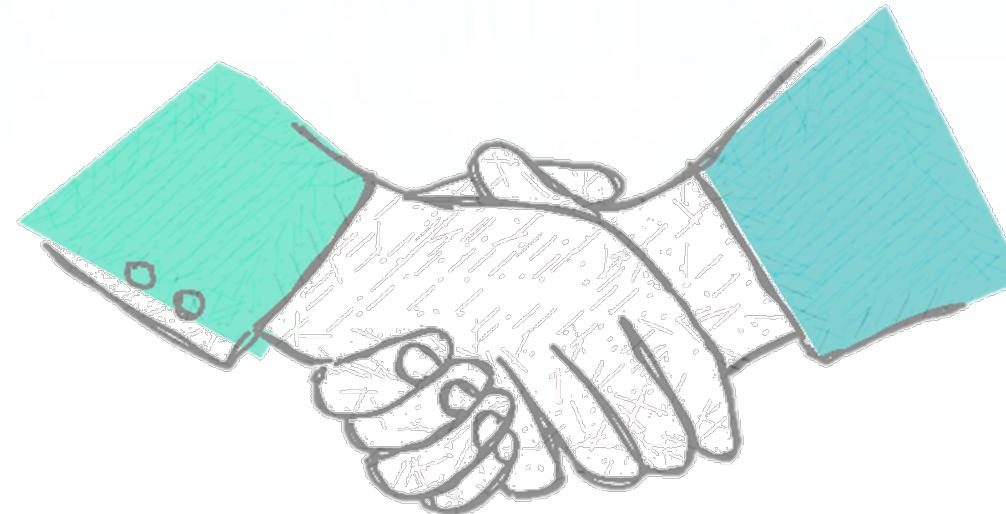


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政府會聯同持份者攜手努力，以實現消除病毒性肝炎的目標



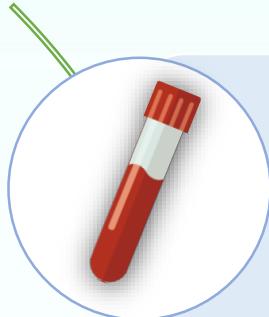
學術機構



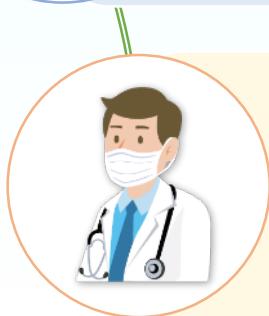
非政府組織



專業團體



較高感染風險人士應及早檢測



慢性肝炎患者應定期跟進和檢查，
以及早察覺和治理肝臟的變化



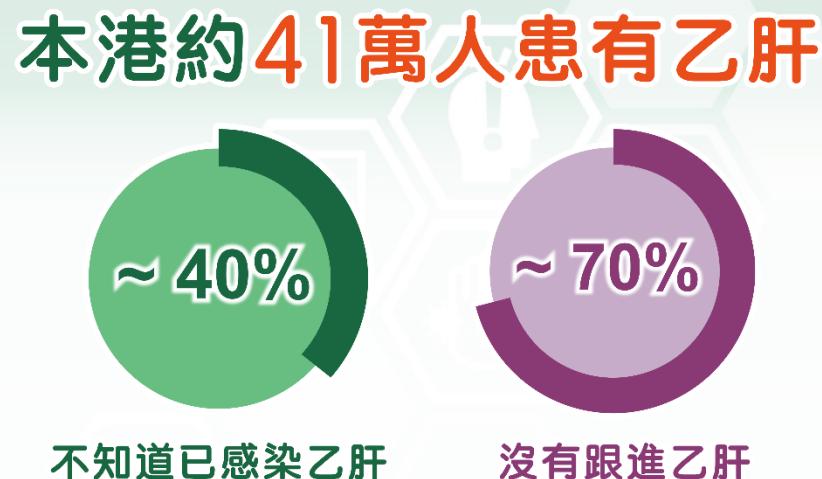
市民應採取預防感染肝炎的措施，
例如接種乙型肝炎疫苗



保障你健康



龍年驗乙肝



“
驗乙肝
救你命
”





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Department of Health

有關病毒性肝炎主題性報告及資訊，可瀏覽 www.hepatitis.gov.hk

The screenshot shows the VHCO website homepage. At the top left is the VHCO logo. The top right features a search bar with a magnifying glass icon and a language selection dropdown. Below the header is a navigation menu with links to About Us, Action Plan, What is Hepatitis?, Hepatitis B Mother-to-Child Transmission, Hepatitis Vaccine, FAQ, Resources, News and Activities, Medical Professionals, and Other Languages. The main content area has a green background with a stylized liver and hepatitis virus particles. The title "病毒性肝炎主題性報告 2020-22年度人口健康調查" is displayed. Below the title are four circular icons: one showing raw oysters and a pot, labeled "甲型及戊型肝炎"; another showing a green hepatitis B virus particle with a red letter "B", labeled "乙型肝炎"; a third showing a woman holding a baby, labeled "乙型肝炎母嬰傳播"; and a fourth showing a red blood drop with a yellow letter "C", labeled "丙型肝炎".

