



甚麼是乙型肝炎？

- 乙型肝炎是由乙型肝炎病毒感染所引起的肝臟疾病
- 大多數新感染乙型肝炎病毒的嬰兒和幼童都沒有明顯症狀，而較年長的兒童或成人則有30 - 50%會出現與其他肝炎相類似的症狀，例如：發燒、疲倦、食慾不振、噁心、嘔吐、上腹部不適、茶色小便及黃疸（皮膚和眼白發黃）
- 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
 - 約5%的成年人感染後會成為慢性乙型肝炎患者
- 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。患者可持續沒有症狀，直至肝臟受嚴重損害後才出現徵狀

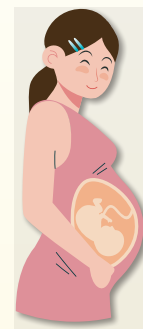


- 香港的肝癌病人中，約八成屬乙型肝炎患者
- 自一九八八年起，香港實施兒童普及乙型肝炎疫苗接種計劃，能大大減低感染乙型肝炎病毒的風險

乙型肝炎是怎樣傳播？

母嬰傳播

患有乙型肝炎的母親於分娩期間可把病毒傳播給嬰兒，在慢性乙型肝炎流行的地區，大部份患者是經母嬰傳播感染乙型肝炎病毒

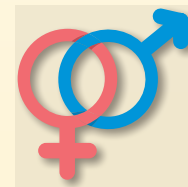


接觸感染者的血液或體液

- 擦傷的皮膚、眼睛或口部的黏膜接觸到感染者的血液或體液
- 與他人共用針筒
- 用未經妥善消毒的器具穿耳、紋身、針灸等
- 共用剃刀、指甲鉗等有機會受血液污染的用具
- 使用未妥善消毒之醫療器械
- 輸入受污染的血液或血液製品

性接觸

在**沒有使用安全套**的情況下和感染者進行性接觸



乙型肝炎病毒**不會**經母乳餵哺或一般社交接觸（如共用食具、共膳、擁抱、握手及接吻等）而傳播

較高感染風險的人士應進行乙型肝炎測試

被視為**較高感染風險**的人士包括：

- 慢性乙型肝炎患者的家庭成員（如父母、兄弟姊妹及子女）和性伴侶
- 注射毒品人士
- 男男性接觸者
- 愛滋病病毒感染者
- 經常接受血液或血液製品的人士
- 洗腎人士
- 工作上會接觸病人血液或體液的醫護人員

測試一般包括**乙型肝炎表面抗原 (HBsAg)** 和 **乙型肝炎表面抗體 (anti-HBs)** 的血液測試，以分別評估乙型肝炎感染及免疫情況



測試結果		臨床詮釋
乙型肝炎表面抗原 (HBsAg)	乙型肝炎表面抗體 (anti-HBs)	
陽性 (+)	陰性 (-)	乙型肝炎病毒感染，應盡快尋求醫學評估；若乙型肝炎表面抗原呈陽性反應超過六個月，即表示已患有 慢性乙型肝炎
陰性 (-)	陽性 (+)	沒有感染乙型肝炎病毒，並已有足夠抗體保護身體免受乙型肝炎病毒感染
陰性 (-)	陰性 (-)	沒有感染乙型肝炎病毒及沒有乙型肝炎免疫力，應考慮接種乙型肝炎疫苗

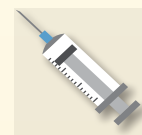
如何治療乙型肝炎？

- 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
- 醫生會根據慢性乙型肝炎患者的個別情況作詳細評估，以決定何時需要抗病毒藥物治療
- 所有慢性乙型肝炎患者應**定期覆診**及進行相關**檢查**，如抽血檢驗肝功能、甲胎蛋白及病毒量，及進行肝臟超聲波檢查，以及早察覺及處理肝臟的變化



如何預防感染乙型肝炎病毒？

- 接種乙型肝炎疫苗，保護身體免受乙型肝炎病毒感染
- 處理任何皮膚損傷時應戴上手套，並妥善包紮
- 切勿與別人共用剃刀、指甲鉗等有機會受血液污染的用具
- 切勿與他人共用針筒針咀或其他注射用具
- 採取安全性行為和使用安全套
- 處理受血液或體液污染的物品時應戴上手套，及使用家用漂白水消毒



如欲進行乙型肝炎測試，請諮詢家庭醫生



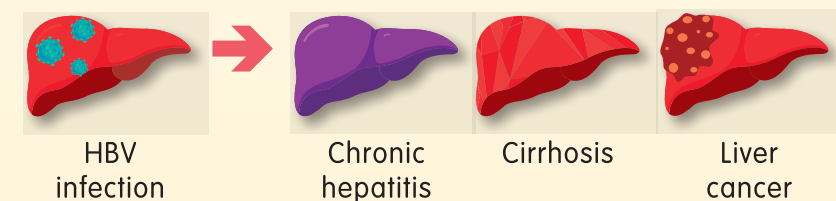
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What is hepatitis B?

- Hepatitis B is a liver disease caused by hepatitis B virus (HBV) infection.
- Infants and young children are mostly asymptomatic when newly infected with HBV, while 30 - 50% of older children or adults with acute hepatitis B may develop symptoms that are undistinguishable from hepatitis of other causes, such as fever, fatigue, loss of appetite, nausea, vomiting, upper abdominal discomfort, tea-coloured urine and jaundice (yellowing of the skin and the whites of eyes).
- Some people fail to clear the virus and develop **chronic hepatitis B (CHB)**. The younger a person is when infected with HBV, the higher the risk of developing chronic infection.
 - Up to 90% of newborn babies infected with HBV would develop CHB
 - About 5% of HBV infection acquired in adulthood would lead to CHB
- About 15 - 40% of untreated people with CHB could develop cirrhosis and liver cancer. They may remain asymptomatic until signs and symptoms develop secondary to serious liver damage.



- About 80% of liver cancer patients in Hong Kong are infected with HBV.
- Since 1988, universal childhood hepatitis B vaccination programme has been implemented in Hong Kong, greatly reducing the risk of HBV infection.

How is hepatitis B transmitted?

Mother-to-child transmission (MTCT)

HBV can be transmitted from mothers with CHB to their babies during delivery. In endemic places, most persons with CHB acquired HBV infection by MTCT.

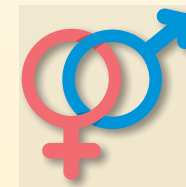


Contact with blood or body fluids of an infected person

- Contact with an infected person's blood or body fluids through broken skin, or mucosal membranes of the eyes or mouths
- Sharing injection instruments for drug injection
- Using contaminated instruments for ear-piercing, tattooing or acupuncture
- Sharing personal items, which may be contaminated with blood, such as razors, shavers and nail trimmers
- Reusing inadequately sterilised medical equipment
- Transfusion of contaminated blood or blood products

Sexual contact

Unprotected sexual contact with an infected person



HBV is **not** transmitted through breastfeeding or social contact, such as sharing eating utensils, dining together, hugging, shaking hands and kissing.

Persons at higher risk of hepatitis B infection should get tested

Persons considered **at higher risk of infection** include:

- Family members (such as parents, siblings and offspring) and sexual partners of people with CHB
- People who inject drugs
- Men who have sex with men
- HIV-positive people
- People who receive blood or blood products on a regular basis
- People on dialysis
- Healthcare workers who may have occupational exposure to blood or body fluids of patients

The test generally consists of blood tests on **hepatitis B surface antigen (HBsAg)** and **hepatitis B surface antibody (anti-HBs)** for assessing hepatitis B infection and immune status respectively.



Test results		Clinical interpretation
HBsAg	anti-HBs	
Positive (+)	Negative (-)	<ul style="list-style-type: none">Infected with HBVShould seek medical consultation as early as possiblePersistence of HBsAg for more than 6 months indicates chronic HBV infection
Negative (-)	Positive (+)	<ul style="list-style-type: none">No HBV infectionHave adequate protective antibodies against HBV infection
Negative (-)	Negative (-)	<ul style="list-style-type: none">No HBV infectionNot immune to HBV infection and may consider hepatitis B vaccination

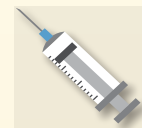
How to treat hepatitis B infection?

- Antiviral medication** is effective in inhibiting HBV replication and reducing the risk of cirrhosis, liver failure and liver cancer.
- Doctors will thoroughly assess the condition of each patient with CHB to determine when antiviral medication is needed.
- All CHB patients should **have regular medical follow-up** and **relevant investigations**, such as blood test for liver function, alpha-fetoprotein and viral load, and ultrasonographic abdominal examination, for early detection and management of changes in the liver condition.



How to prevent hepatitis B infection?

- Receive hepatitis B vaccination to acquire immunity against HBV infection
- Wear gloves while handling open wounds with care and bandage them properly
- Do not share personal care items which may be contaminated with blood, such as razors and nail scissors
- Do not share needles or any other injecting equipment
- Practice safer sex and use condom
- Wear gloves and use household bleach to disinfect items contaminated by blood or body fluids



To get tested for hepatitis B, please consult your family doctor.



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Special Preventive Programme
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控制病毒性肝炎辦公室
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