Viral Hepatitis Hepatitis A B C D E G 好好照顧您的肝臟 免受肝炎病毒感染 甲、乙、丙、丁、戊、庚 型肝炎





Viral Hepatitis Preventive Service, Special Preventive Programme, Department of Health

病毒性肝炎

「肝炎」即是肝臟細胞發炎。肝炎的成因有 很多,而由過濾性病毒所引致的肝炎在香港較常 見。其他包括酒精、藥物、化學劑和遺傳病等。

「病毒性肝炎」一詞普遍用於臨床病徵相似, 但其實由不同病毒所引起的肝炎。症狀包括食 慾不振、疲倦無力、噁心、嘔吐、肚瀉、發熱、 上腹不適、黃疸及小便呈茶色。現今已鑑別出最 少有六種不同的病毒,分別為甲、乙、丙、丁、 戊、庚型。甲型和戊型肝炎是經由腸道傳染,而 乙、丙、丁、庚型肝炎則由血液或體液傳染。在 香港,甲型,乙型和戊型是病毒性肝炎中最流行 的三種。



香港屬甲型肝炎中度流行的地方。甲型肝炎是由甲 型肝炎病毒引起的傳染病,主要經由腸道傳染,例如 吃了受病毒沾染而未經煮熟的食物如貝殼類海產,飲 用受污染的水和飲品,或與受咸染人士有親密的接觸

大部份的患者都能完全康復,但亦有極少數的病例 會發展成肝臟衰竭,甚至死亡。甲型肝炎痊癒後,通 常可獲終生免疫,並沒有長期帶病毒的情況。

• 要有效預防甲型肝炎,我們必須 保持良好的個人、食物及環境衞 生。最佳的預防方法是飲用煮沸 的食水和吃清洗乾淨並徹底煮熟的 少五分鐘之後才食用。



• 接受甲型肝炎疫苗注射能夠令人產生抗體,不受 甲型肝炎病毒感染。



乙型肝炎

乙型肝炎感染在世界各地皆有發生。在東南亞地 區,包括香港在內,乙型肝炎帶病毒率都處於高水平

乙型肝炎病毒存在於患者的血液及體液內,傳染途 徑包括:(一)血液傳染,(二)性接觸,(三)母親在生 產或快將生產時傳染給嬰兒。

其潛伏期為六星期至六個月。此病毒除會引起急性 肝炎。大概有百份之五至十的成年人和百分之七十至 九十的嬰兒受感染後,未能完全清除病毒而成為慢性 帶病毒者。大約有四份之一的帶病毒者會發展成慢性 肝病包括肝硬化和肝癌。

預防方法

- 最有效的預防方法是接受預 防乙型肝炎疫苗注射。疫苗 必須注射三次,免疫注射程 序分別為0,1及6個月。
- 所有在香港出生的嬰兒均需接 受預防乙型肝炎疫苗注射,第 次於出生時在醫院注射,而第二及第 三次則於母嬰健康院注射。帶病毒母親產下的嬰 兒在出生時需注射多一針乙型肝炎免疫球蛋白。
- 醫護人員感染乙型肝炎的機會比較大,因此亦應 接受疫苗注射。
- 於處理血液及體液時遵行一般的預防措施是可以 避免傳染乙型肝炎及其他經由血液傳染的疾病, 任何傷口要妥善包紮好。
- 切勿與別人共用針筒、鬚刨、剃刀、牙刷及其他 可能受血液污染的物品。針炙、紋身及穿耳所用 的儀器必須徹底消毒。
- 被血液染污的物件,應以稀釋的家用漂白水(1 份漂白水加49份水)消毒。
- 採取安全性行為和正確使用安全套。



丙型肝炎

世界衞生組織估計全球有百分之二至三的人口是丙 型肝炎帶病毒者。在香港,丙型肝炎帶病毒者人數估 計少於整體人口的0.5%。丙型肝炎主要是經由血液傳 可能會導致慢性肝病,包括肝硬化和肝癌。自1991年 7月起,香港紅十字會已對所有收集的血液樣本進行丙 型肝炎抗體測試。現時還未發明有效的預防丙型肝炎



丁型肝炎

,丁型肝炎的流行情況實屬罕見。丁型肝炎 病毒,是一種不完全的病毒因子,需要依附在乙型肝 乙型和丁型肝炎的病人,會加速肝臟的損害程度。其 傳播途徑與乙型肝炎一樣,因此,有效預防乙型肝炎 亦同時可預防丁型肝炎。



戊型肝炎

戊型肝炎是由戊型肝炎病毒引起的傳染病。在東南 亞、中東、部分非洲國家和墨西哥等地方,都有戊型 肝炎爆發的記錄。香港於2006年、2007年及2008年 全年接獲呈報的戊型肝炎感染個案分別是34宗、65宗 和90宗。

戊型肝炎病毒是經由腸道傳染,主要是透過受患者 糞便污染的食物或水源, 進食生或未經煮熟的貝殼類 海產而傳播。戊型肝炎透過人與人接觸而傳播不及於 甲型肝炎有效。

潛伏期由接觸戊型肝炎病毒後15至60天不等,平均 為40天。戊型肝炎患者多數是成年人,病人大多在三 至六週後痊癒;但是懷孕的婦女感染戊型肝炎,出現 嚴重併發症的風險較高。現時仍未發明有效的預防戊 型肝炎疫苗。

預防方法

要預防戊型肝炎,市民應採取良 好的個人、食物及環境衞生習慣

- 個人衞牛 預備食物前、進食 前及如廁後都應 使用肥皂及清水洗
- 有食物,特別是貝殼類海產 食物,都應清洗乾淨並徹底煮熟。
- 環境衞生 任何時候都應保持環境衞生,尤其應 注意廚房和廁所的清潔。



庚型肝炎

庚型肝炎病毒,初次發現於1995-96年期間。暫時 不太清楚它在香港的嚴重程度。其主要傳播途徑是透 過血液和體液傳染。現時沒有有效預防疫苗,一般預 防措施限乙型肝炎一様。

肝炎熱線: 2112 9911

網址: http://www.hepatitis.gov.hk



衞生署 特別預防計劃 病毒性肝炎預防服務

2010年9月製作

Viral Hepatitis

"Hepatitis" means inflammation of the liver cells. There are many causes of hepatitis of which viral infection is more commonly seen in Hong Kong. Other causes include alcohol, drugs, chemicals and genetic diseases.

The term "viral hepatitis" is commonly used for several clinically similar diseases that are etiologically and epidemiologically distinct. Symptoms include poor appetite, tiredness, nausea, vomiting, diarrhea, fever, upper abdominal discomfort, jaundice and teacoloured urine. Nowadays, at least 6 different agents have been identified, namely hepatitis A, B, C, D, E and G virus. Hepatitis A and E are spread by the fecoral route while hepatitis B, C, D and G are transmitted by blood or body fluid. In Hong Kong, hepatitis A, B and E infections are more common than the others.



Hepatitis A

Hong Kong is a region with intermediate prevalence of hepatitis A. Hepatitis A is a liver disease caused by the Hepatitis A Virus. It is transmitted by the feco-oral route through contaminated food or drinks such as shellfish, or close personal contact with infected person. It has an incubation period of 2 to 6 weeks.

Most patients have a complete recovery and Hepatitis A would rarely cause liver failure and death. Immunity is usually life-long and there is no chronic carrier state.

Prevention

- To effectively prevent hepatitis
 A, you need to pay close attention to personal, food and environment hygiene. Drink only boiled water and eat well-cooked food. All shellfish should be cooked at boiling temperature for not less than 5 minutes.
- Being vaccinated against Hepatitis A helps produce antibodies to the virus.



Hepatitis B

Hepatitis B virus (HBV) infection occurs throughout the world. In Southeast Asia including Hong Kong, the overall prevalence of chronic hepatitis B infection is high (>8%).

HBV is present in blood and body fluids of carriers and is spread in the following ways: (i) blood contact, (ii) sexual contact, (iii) mother to infant transmission at or around the time of delivery.

It has an incubation period of 6 weeks to 6 months. The virus causes acute hepatitis. Approximately 5-10% of adults and 70%-90% of infants infected are unable to clear the virus, thus becoming chronic carriers. About a quarter of the carriers would develop chronic liver damage including cirrhosis and liver cancer.

Prevention

- The most effective way
 of prevention is by
 hepatitis B vaccination.
 The standard regimen is a
 3-dose schedule of vaccines
 administered at 0, 1, 6 months.
- Babies born in Hong Kong receive the first dose at birth in the hospital. The second and third doses are administered in the Maternal & Child Health Centres. Babies born to carrier mothers should receive an additional dose of hepatitis B immunoglobulin at birth.
- Health care workers are at higher risk of contracting HBV and should therefore be vaccinated.
- Universal blood precautions should be taken to prevent transmission of HBV or other bloodborne pathogens. All wounds should be properly dressed.
- Do not share syringes, shaver, razors, toothbrushes and other objects that may be contaminated with blood. Equipment for acupuncture, tattooing and ear piercing should be adequately sterilized.

- Objects contaminated with blood should be disinfected with bleach diluted 49 times.
- Practise safer sex and proper use of latex condoms.



Hepatitis C

World Health Organization estimates that 2-3% of world population is chronically infected with hepatitis C virus. It has been estimated that less than 0.5% of the general population in Hong Kong carry hepatitis C virus. It is mainly through blood contact including blood transfusion and sharing needles among drug users. It can lead to chronic liver disease, including cirrhosis and liver cancer. Since July, 1991 the HK Red Cross Transfusion service has been screening all donated blood for hepatitis C antibody. At present there is no effective vaccine to prevent hepatitis C infection.



Hepatitis D

The prevalence of hepatitis D in the population of Hong Kong is unknown but is believed to be low. Hepatitis D virus (HDV), also known as the delta agent, is an incomplete viral particle which cannot reproduce in liver cells without the presence of HBV. Hepatitis D will accelerate and aggravate hepatitis B, inducing liver damage. It is transmitted by the same routes as HBV. In other words, effective prevention of hepatitis B will also prevent against hepatitis D.



Hepatitis E

Hepatitis E is a viral infection that is highly endemic in Central and South East Asia, North and West Africa as well as Mexico. In Hong Kong, the number of reported cases were 34, 65 and 90 in year 2006, 2007 and 2008 respectively.

It is transmitted by feco-oral route, mainly via contaminated food or water, ingestion of raw or undercooked shellfish. Person-to-person transmission appears to be less efficient than hepatitis A virus.

The incubation period range from 15 to 60 days with an average of 40 days. The disease is more common among adults than children and is more severe in pregnant women. However, most patients recover in 3 to 6 weeks. Vaccine is not yet available.

Prevention

- To prevent hepatitis E infections, the public are advised to adopt good personal, food and environmental hygiene:
 - Personal hygiene wash hands with soap before preparing or eating food and after toilet.
- Food hygiene drink only boiled water. All food, especially shellfish, should be thoroughly cleaned and cooked.
- Environmental hygiene always keep the environment clean. Pay close attention to the kitchen and toilet.



Hepatitis G

Hepatitis G virus was first described in 1995-96. We do not know for certain how severe or how common hepatitis G is in Hong Kong. The main route of transmission is by blood and body fluids. Vaccine is not yet available. The general precautions against hepatitis G are the same as those against hepatitis B.

Hepatitis Hotline: 2112 9911

Website: http://www.hepatitis.gov.hk

Revised in September 2010 by Viral Hepatitis Preventive Service, Special Preventive Programme, Department of Health