

Hepatitis D

- As the hepatitis D virus relies on hepatitis B virus for survival and replication, hepatitis B carriers are more likely to have hepatitis D. Hepatitis D is rare in Hong Kong
- Hepatitis B vaccination can provide adequate and effective protection against hepatitis D

Hepatitis E



- Can be categorised into different genotypes, including the recent incidence of hepatitis E infections in Hong Kong
- Mainly transmitted via consumption of contaminated water and unclean or undercooked internal organs, e.g. due to short cooking time or serving undercooked pig liver in congee
- Symptoms resemble those of other hepatitis types, such as jaundice, fatigue, abdominal discomfort, tea-coloured urine, etc.
- Infection is more severe in pregnant women with a mortality rate as high as 30%. The developing foetus is also more likely to get infected during pregnancy
- Adjuvant therapy is usually prescribed to achieve lifelong immunity after recovery

Early Detection and Close Monitoring

With no clear symptoms, viral hepatitis can only be diagnosed by blood tests. A series of check-ups and monitoring are required to prevent deterioration and reduce the risk of cirrhosis or liver cancer.

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Service Hours

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Closed on Sundays and Public Holidays
Consultation by Appointment

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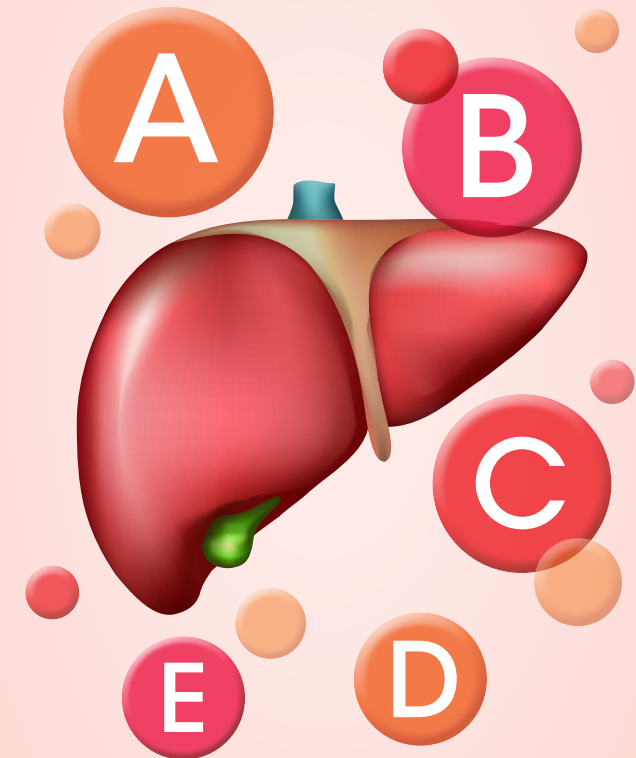
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For enquiries and appointments,
please contact us



Five Types of Viral Hepatitis



Five Types of Viral Hepatitis



Viral hepatitis is characterised by inflammation of the liver by filterable agents. The five common types are hepatitis A, B, C, D and E.

While mostly asymptomatic, hepatitis can be managed or even cured with medication if the virus antigen or antibody can be detected by blood tests as early as possible. Delayed treatment may cause liver fibrosis, which may deteriorate into cirrhosis, even liver cancer.

Type of Hepatitis	Nature	Route of Transmission	Develop Chronic Hepatitis?	Incubation Period
A	Acute	Faecal-oral route	No	14 to 28 days
B	–	From mother to child, blood or body fluids	Possible	30 to 180 days
C	Acute	Blood	Possible	14 to 180 days
D	–	Same as Hepatitis B	Possible	/
E	Acute	Faecal-oral route	No	14 to 70 days

Hepatitis A

- Transmitted primarily via the faecal-oral route, i.e. through ingestion or digestion of food or water contaminated with faeces of an infected person, or contaminated, uncooked shellfish such as oysters or clams
- Risk of transmission increases when people with hepatitis A fail to wash hands thoroughly after toilet use
- Early symptoms of infection include tiredness and jaundice, i.e. yellowing of the skin and the whites of eyes. However, hepatitis A usually does not develop into chronic hepatitis or liver failure
- Adjuvant therapy is prescribed based on individual conditions to achieve lifelong immunity after recovery
- Maintaining good personal and food hygiene is crucial to hepatitis A prevention
- Two doses of hepatitis A vaccination can provide up to 10 years of protection

Hepatitis B

- Primarily transmitted through contact with blood, sexual intercourse, contact with personal items contaminated with infected blood, blood transfusion and sharing syringes
- Newborns may also get infected during labour through contact with the mother's blood or the placenta
- Most infants and young children are asymptomatic when infected. Older children or adults may develop symptoms such as fatigue, fever, upper abdominal discomfort, tea-coloured urine, jaundice, etc.
- Some patients may develop chronic hepatitis with varying severity if the virus is not cleared during treatment. The condition may not deteriorate in some cases due to low virus index / short infection period, while others may develop liver failure, followed by cirrhosis and even liver cancer

Hepatitis C



- Primarily transmitted through contact with blood, including sexual intercourse or sharing syringes
- Mostly asymptomatic, or with symptoms such as fatigue, fever, upper abdominal discomfort, tea-coloured urine, jaundice, etc.
- While common in hepatitis C patients, fatty liver is not conclusive of infection. Further blood tests are required for diagnosis
- Hepatitis C may develop into chronic hepatitis, which is highly curable with early and appropriate treatment
- A 3-month oral medication treatment with PEG-IFN, ribavirin and DAA is shown to be effective in clearing the virus. Depending on the genomic structure of the virus, the success rate can be over 90%

- Carriers should have a blood test for cancer markers and ultrasound screening for any sign of liver inflammation or structural changes every 6 months
- Given the higher risk of developing complications, patients with cirrhosis should have a follow-up consultation every 4 months and ultrasound examination every 6 months
- For prevention, infants should receive the routine vaccination of 3 doses within 6 months after birth to prompt antibody production

