

# [DH releases Thematic Report on Viral Hepatitis \(Population Health Survey 2020-22\)](#)

The Department of Health (DH) today (December 28) released the [Thematic Report on Viral Hepatitis \(Population Health Survey \(PHS\) 2020-22\)](#), which analyses the viral hepatitis status of the Hong Kong population. The Population Health Survey 2020-22 included for the first time survey questions and tests for viral hepatitis markers to provide important epidemiological information of viral hepatitis among the general population, which further realised the core strategy of enhancing surveillance under the [Hong Kong Viral Hepatitis Action Plan 2020 – 2024](#) (the Action Plan). As derived from the results of the report, about 410 000 people in the Hong Kong population are infected with hepatitis B virus (HBV). Members of the public should take necessary measures to prevent viral hepatitis infection, while those with higher infection risks should get tested and persons with chronic hepatitis should have medical follow-ups as soon as possible.

The PHS 2020-22 is the third territory-wide population health survey, and was conducted between November 2020 and February 2022. The survey interviewed more than 16 000 land-based non-institutional persons aged 15 or above in Hong Kong, and among them over 2 000 respondents aged 15 to 84 further completed the health examination. [Part I](#) (covering household survey results) and [Part II](#) (covering health examination results) of the PHS 2020-22 reports were published in last December and in April respectively. The thematic report on viral hepatitis released today analyses the household survey results related to viral hepatitis (including self-reported history and treatment of viral hepatitis, as well as chronic viral hepatitis and related complications). The thematic report also included results from blood tests against four major types of hepatitis viruses, namely hepatitis A (HAV), B, C (HCV), and E (HEV) virus.

Hepatitis B causes a significant public health burden in Hong Kong among the abovementioned four types of hepatitis viruses. For participants completing the health examination, 6.2 per cent tested positive for hepatitis B surface antigen (HBsAg), implying chronic HBV infection, and nearly 40 per cent of them did not report themselves as having chronic hepatitis B (CHB) in the household survey and about 70 per cent did not have any medical follow-up for their liver diseases. This revealed a substantial proportion of persons with chronic HBV infection are unaware of their infection status.

As derived from the survey results, about 5.6 per cent of the Hong Kong population, which is about 410 000 people, have hepatitis B. In addition, the survey also revealed the positivity rate of HBsAg peaked at 8.4 per cent among those aged 35 to 54, and was much lower in the younger than 35 age groups (0.3 per cent and 1.5 per cent respectively for the 15 to 24 and 25 to 34 age groups), reflecting that the universal childhood hepatitis B vaccination programme and other preventive measures against mother-to-child

transmission of HBV implemented since the 1980s are effective in lowering the prevalence of HBV infection in the younger generation. The routes of HBV transmission include transmission during delivery from infected mothers to their babies, contact with blood or body fluids of infected persons, and unprotected sexual contact with an infected person. About 15 to 40 per cent of untreated people with CHB may progress to life-threatening liver diseases such as cirrhosis and liver cancer.

Family members (such as parents, siblings and offspring) and sexual partners of people with CHB have a higher risk of HBV infection, while people who inject drugs, men who have sex with men, sex workers, and people with Human Immunodeficiency Virus have a higher risk of both HBV and HCV infection. The DH reminds them to inform healthcare workers of their higher infection risk and carry out tests to ascertain their hepatitis status. People with chronic hepatitis should seek medical consultation and have regular follow-ups and examinations for early detection and management of changes in their liver condition. The DH has been enhancing risk-based viral hepatitis screenings at its relevant services (such as social hygiene clinics, methadone clinics and Elderly Health Centres) for the abovementioned at-risk populations so as to gradually scale up HBV screening.

For hepatitis C, a large portion of untreated patients may develop chronic infection. The survey revealed that 0.26 per cent of the participants tested positive for HCV RNA, signifying infection with HCV. As derived from the results, about 17 000 people have hepatitis C. With integrated analysis of other previous local studies, the figures suggest a consistently low prevalence of HCV infection in the general population in Hong Kong in the past few decades.

Members of the public should take necessary measures to prevent viral hepatitis infection, including receiving the hepatitis B vaccination as applicable. The PHS 2020-22 also assessed the prevalence of antibodies against hepatitis A and E virus. Results revealed that the activity of these two types of hepatitis were generally low in Hong Kong in recent years. HAV and HEV is generally transmitted by contaminated food and water, and usually cause acute hepatitis. Members of the public should maintain good personal, food and environmental hygiene.

To achieve the goal outlined by the World Health Organization to eliminate the public health threat posed by viral hepatitis by 2030 in Hong Kong, the Government announced the Action Plan in October 2020, which formulated an overall strategy and specific action plan by the DH, the Hospital Authority and other stakeholders. Early identification and management of people with chronic hepatitis is one of the focus areas in the Action Plan.

For access to the Thematic Report on Viral Hepatitis and more information on viral hepatitis, please visit [www.hepatitis.gov.hk/english/index.html](http://www.hepatitis.gov.hk/english/index.html).