



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Quarterly Report Hepatitis B Notifications



The Health Protection Surveillance Centre

Quarter 4 2004

Summary

There were 159 notifications of hepatitis B in the fourth quarter of 2004. Reporting of hepatitis B status (i.e. acute or chronic), case classification and source of notification all improved in this quarter compared to previous quarters. 78% of notifications contained information on whether they were cases of acute or chronic hepatitis B, 61% contained a case classification and source of notification was reported for 81% of notifications. No risk factor information was available.

Introduction

Hepatitis B is a notifiable disease under the Infectious Diseases Regulations 1981. An amendment to the regulations implemented on 1st January 2004 (S.I. 707 of 2003) introduced case definitions and differentiated between notifications of acute hepatitis B and chronic hepatitis B for the first time. In addition, laboratory directors are also required to report cases of notifiable diseases they identify. These changes should have a positive impact on the quality of information available on hepatitis B in Ireland. This is a summary of the notifications of hepatitis B made to HPSC by the health boards in the final quarter of 2004.

Results

There were 159 notifications of hepatitis B in the fourth quarter of 2004. This was an increase in the number of cases notified in the previous quarter (n=114), and the 97 cases

notified in the same quarter of the previous year (figure 1).

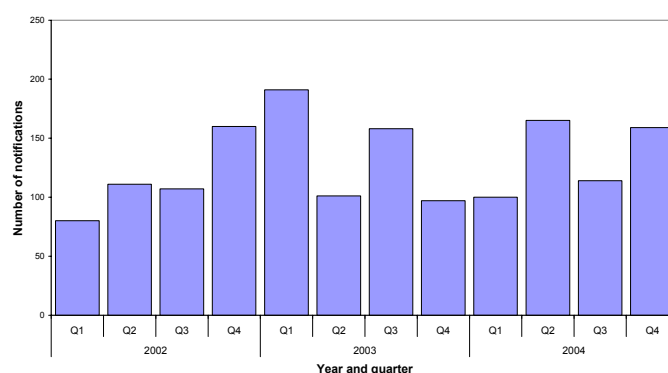


Figure 1. Number of notifications of hepatitis B per quarter, Q1 2002-Q4 2004

Geographic distribution

The number of hepatitis B cases notified by each health board compared to previous years can be seen in table 1.

Table 1. Number of hepatitis B cases notified in quarter 4 2003 and 2004 and the total number of cases notified in 2003 and 2004 by health board.

Health Board	Q4 2003	Total 2003	Q4 2004	Total 2004
ERHA	34	174	116	344
MHB	12	25	7	25
MWHB	6	13	1	17
NEHB	3	20	3	25
NWHB	0	0	0	0
SEHB	5	39	13	53
SHB	32	264	15	56
WHB	5	12	4	18
Total	97	547	159	538

Age and sex

Information on the age and sex of cases was reported for 98% and 89% of cases respectively. The reported age and sex breakdown can be seen in figure 2. There was one case of hepatitis B in people aged 60 years or over in quarter 4. This brings to 10 the number of notifications of hepatitis B in this age group to date this year, one of which was reported as acute hepatitis B.

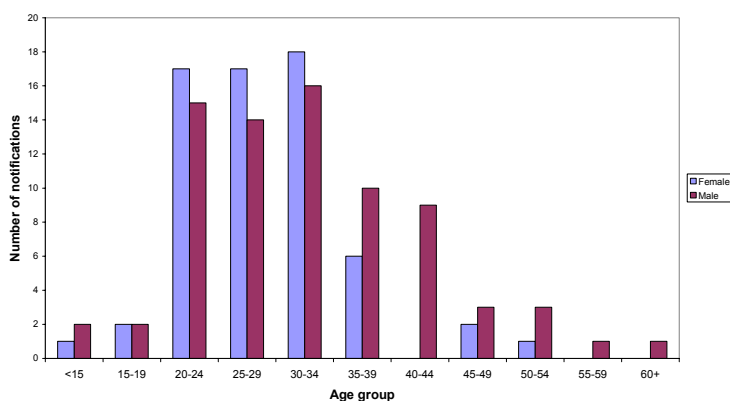


Figure 2. Notifications of hepatitis B by age and sex, Q4 2004

Case classification

Case classification was reported in 97/159 (61%) notifications – 95 were classified as confirmed hepatitis B and 2 were probable hepatitis B (see below for case definitions).

Acute versus chronic hepatitis B

Seventy eight percent of notifications (124/159) contained information on the acute/chronic status of the cases. Most of these were specified as chronic cases of hepatitis B (n=115). 9 were reported as acute hepatitis B.

Source of notification

Source of notification was available for 128/159 (81%) notifications. Laboratories notified 88 cases, hospital clinicians notified 31 cases, GPs notified 4 and public health doctors notified 13. Eight cases were notified by more than one source.

Discussion

The vast majority of cases were from the ERHA. Most cases occurred in the 20-35 year age group with an excess of females in these ages, possibly reflecting antenatal screening programmes in some settings.

The quality of data on hepatitis B notifications has continued to improve. Between quarter 3 and quarter 4, reporting of case classification has increased from 43% to 61%, the proportion of cases notified as acute or chronic has increased from 60% to 78%, and reporting of source of notification has increased from 74% to 81%. It is expected that the quality of data will improve further with more complete reporting from laboratories and with familiarity among notifiers with case definitions. Enhanced surveillance is also needed to gather risk factor information in order to fully describe the epidemiology, to detect outbreaks, and allow for planning and evaluation of prevention and treatment strategies.

Acknowledgements

NDSC would like to thank all those who provided data for this report - departments of public health, laboratories and clinicians.

Report by: Aline Brennan and Dr Lelia Thornton, 1st February 2005.

Case definition for hepatitis B (acute and chronic)¹

Clinical description In symptomatic cases, clinical picture compatible with hepatitis, i.e. discrete onset of symptoms and/or jaundice or elevated serum aminotransferase levels. Asymptomatic cases are common.

Hepatitis B (acute)

Laboratory criteria for diagnosis

One of the following:

- IgM antibody to hepatitis B core antigen (anti-HBc) positive
- Detection of hepatitis B virus (HBV) nucleic acid in serum

Case classification

Possible: N/A

Probable: A symptomatic case that is HBsAg positive and has a clinical picture compatible with an acute hepatitis

Confirmed: A case that is laboratory confirmed

Hepatitis B (chronic)

Laboratory criteria for diagnosis

One of the following:

- Hepatitis B surface antigen (HBsAg) positive **and** antibody to hepatitis B core antigen (anti-HBc) positive **and** IgM antibody to hepatitis B core antigen negative
- Persistence for more than 6 months of either HBsAg or HBV nucleic acid in serum.

Case classification

Possible: N/A

Probable: N/A

Confirmed: A case that is laboratory confirmed

1. Case definitions for notifiable diseases. Infectious Diseases (Amendment) (No. 3) regulations 2003 (SI NO. 707 of 2003). National Disease Surveillance Centre, February 2004.