



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Quarterly Report Hepatitis B Notifications



The Health Protection Surveillance Centre

Quarter 1 2005

Summary

There were 204 notifications of hepatitis B in the first quarter of 2005. Sixty seven per cent of notifications contained information on the acute/chronic status and most of these were specified as chronic cases. No risk factor information was available.

Introduction

Hepatitis B is a notifiable disease under the Infectious Diseases Regulations 1981. Both acute and chronic cases are notifiable. 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 HSE regions in the first quarter of 2005.

Results

There were 204 notifications of hepatitis B in the first quarter of 2005. This was an increase on the number of cases notified in the previous quarter (n=166), and the 157 cases notified in the same quarter of the previous year (figure 1).

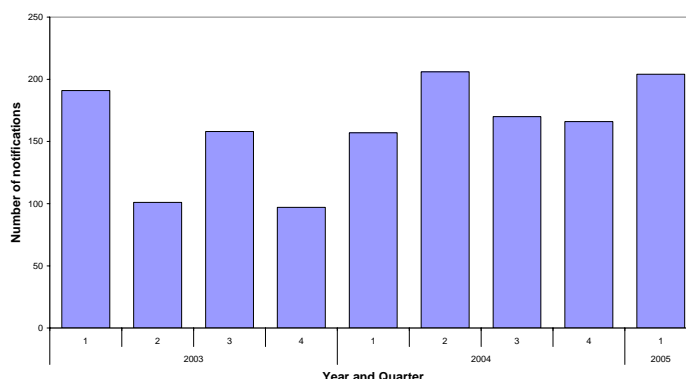


Figure 1. Number of notifications of hepatitis B per quarter, Q1 2002-Q1 2005

Geographic distribution

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

Table 1. Number of hepatitis B cases notified in quarter 1 2004 and 2004 and the total number of cases notified in 2004 and 2005 to date by HSE region.

HSE Region	Q1 2004	Total 2004	Q1 2005	Total 2005 to date
E	104	492	128	128
M	4	26	13	13
MW	1	17	3	3
NE	7	37	12	12
NW	0	0	3	3
SE	20	53	15	15
S	17	56	21	21
WHB	4	18	9	9
Total	157	699	204	204

Age and sex

Information on the age and sex of cases was reported for 99.5% and 91% of cases respectively. The reported age and sex breakdown can be seen in figure 2. There were more male than female cases (108 vs. 77) with most of the male cases spread between the ages of 20 and 44 years. The number of female cases was less spread out, with most cases being between 20 and 34 years.

There were seven cases of hepatitis B in people aged 60 years or over in quarter 1. One of these was an acute case and two were chronic. This brings to 21 the number of notifications of hepatitis B in this age group since the start of 2004. 90% (19/21) were male, one was female. Most of the cases (13/21) were notified by the HSE-Eastern region, four by the western region and two each by the Midland and Southern regions. Two of the 21 which were reported as acute hepatitis B, 8 as chronic and the status of the remaining 11 was not specified.

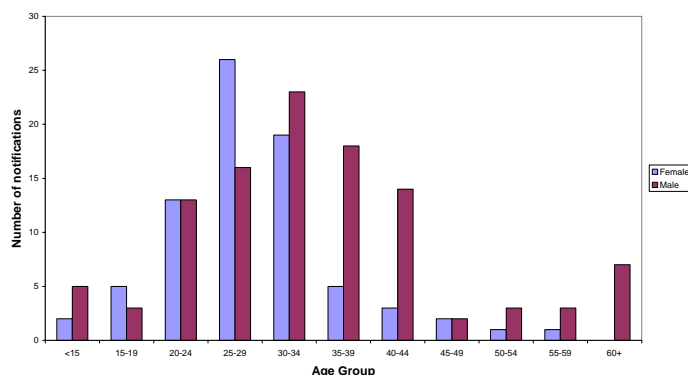


Figure 2. Notifications of hepatitis B by age and sex, Q1 2005

Case classification

Case classification was reported in 132/204 (65%) notifications – all were classified as confirmed hepatitis B (see below for case definitions).

Acute versus chronic hepatitis B

Sixty seven percent of notifications (136/204) contained information on the acute/chronic status of the cases. Most of these were specified as chronic cases of hepatitis B (n=126). 10 were reported as acute hepatitis B.

Discussion

The majority of cases (63%) were reported by the HSE-Eastern Region. The younger peak in female cases may possibly reflect antenatal screening programmes in some settings.

The quality of data on case classification has increased from 62% in quarter 4 2004 to 65% this quarter. However, the proportion of cases for which acute or chronic status is reported has decreased from 75% to 67%.

Enhanced surveillance of acute hepatitis B cases is now being established. This will allow for the collection of risk factor information in order to fully describe the epidemiology, to detect outbreaks, and allow for planning and evaluation of prevention and treatment strategies. This information will be particularly important in relation to the current debate about the most appropriate vaccination policy for Ireland.

Acknowledgements

HPSC 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, 3 June 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.