

Quarterly Report on Hepatitis B Notifications



The National Disease Surveillance Centre

Quarter 2 2004

Summary

There were 170 notifications of hepatitis B in the second quarter of 2004. The ERHA notified 62% of cases. The number of notified cases peaked in the 30-34 year age group for females and 25-29 age group for males. For the majority of reports information was not available on whether they were cases of acute or chronic hepatitis B or the case classification. The source of notification was reported for 69% of cases. The majority of these were notified by hospital clinicians (49%), followed by public health doctors (26%) and laboratories (20%); GPs notified the remaining 5%.

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 NDSC by the health boards in the second quarter of 2004.

Results

There were 170 notifications of hepatitis B in the second quarter of 2004. This was an increase on the number of cases notified in first quarter of 2004 (n=103), and the 101 cases notified in the same quarter of the previous year (figure 1).

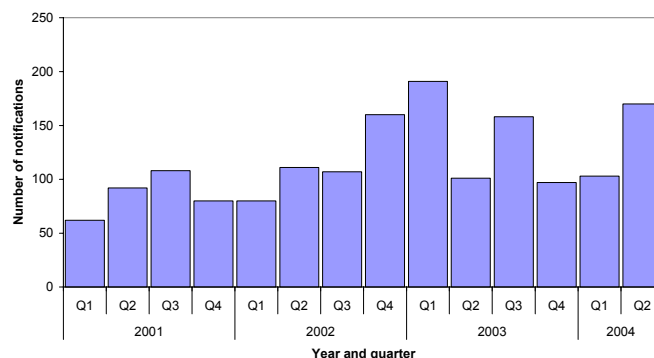


Figure 1. Number of notifications of hepatitis B per quarter, Q1 2001-Q2 2004

Acute versus chronic hepatitis B

Almost a quarter of notifications (41/170) contained information on the acute/chronic status of the cases. Most of these were specified as chronic cases of hepatitis B (n=34). There were 7 cases of acute hepatitis B notified.

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 2 2003 and 2004 and the total number of cases notified in 2003 and 2004 to date.

Health Board	Q2 2003	Total 2003	Q2 2004	Total 2004 (to date)
ERHA	53	174	105	154
MHB	3	25	11	15
MWHB	1	13	12	13
NEHB	3	20	12	19
NWHB	0	0	0	0
SEHB	4	39	12	32
SHB	34	264	15	33
WHB	3	12	3	7
Total	101	547	170	273

Age and sex

Information on the age and sex of cases was reported for 99% and 98% of cases respectively. The reported age and sex breakdown can be seen in figure 3. There were 3 cases of hepatitis B in people aged 60 years or over in quarter 2. This brings to 7 the number of notifications of hepatitis B in this age group to date this year, one of which was reported as acute hepatitis B.

Case classification

Case classification was reported in 32/170 (19%) notifications –all were classified as **confirmed** hepatitis B (see below for case definitions).

Source of notification

Source of notification was available for 117/170 (69%) notifications. 57 cases were notified by a hospital clinician, 6 by GP, 31 by public health doctor and 23 were laboratory notified.

Case definition for hepatitis B (acute and chronic)

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

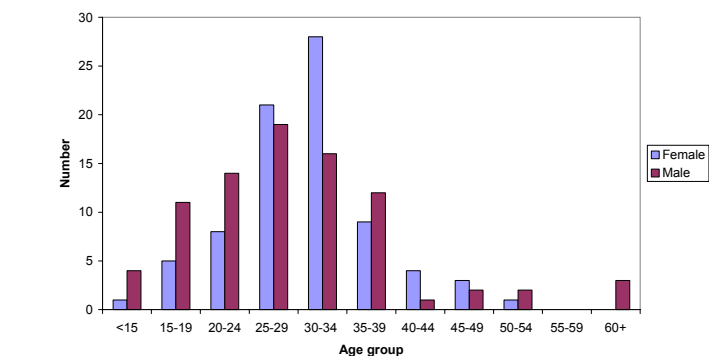


Figure 3 Notifications of hepatitis B by age and sex, Q2 2004

Discussion

The quality of data on hepatitis B notifications has improved since quarter 1. The proportion of cases notified as acute or chronic has increased from 20% in quarter 1 to 24% in quarter 2 2004. Reporting of source of notification has increased from 22% to 69%. However the reporting of case classification has decreased from 32% to 19%. It is expected that the quality of data will improve further with more complete reporting from laboratories and with familiarity with case definitions. Enhanced surveillance is also needed to gather risk factor information in order to fully describe the epidemiology and allow for planning and evaluation of prevention strategies.

Acknowledgements

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Report by: Aline Brennan and Dr Lelia Thornton
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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