

5.2 Hepatitis C

Summary

Number of cases, 2009: 1,258
Crude notification rate, 2009: 30/100,000 population
Number of cases in 2008: 1,537

The hepatitis C virus is primarily transmitted through sharing contaminated equipment when injecting drugs or through receipt of unscreened blood or blood products. Sexual, occupational and perinatal transmission can also occur but are less common.

Infection is initially asymptomatic in approximately 70 to 90% of cases, but between 55 and 85% of those infected fail to clear the virus and develop chronic infection. A proportion of people with chronic infection develop progressive fibrosis which can lead to cirrhosis, liver failure and hepatocellular carcinoma (liver cancer).

Hepatitis C became a notifiable disease in Ireland in 2004. There was an 18% decrease in the number of cases reported in 2009 (n=1258) compared with

2008 (n=1537) (figure 1). The crude notification rate decreased from 36 to 30/100,000 population.

The sex distribution of cases was very similar to previous years with a strong predominance of male cases (figure 2). In 2009, 66% (n=830) of cases were male, 33% (n=418) were female and sex was not known for 10 cases. The highest notification rates were in young to middle aged adults. Seventy one percent (n=898) of cases were aged between 25 and 44 years (figure 2). The median age for females was younger (32 years) than that for males (35 years).

The geographic distribution of cases was skewed, with the HSE-E reporting 74% of all cases (n=929) notified in 2009. Their age-standardised notification rate, of 62/100,000 population, was over 3 times that of the next highest area (figure 3).

Some information on most likely risk factor was available for 54% of cases (n=684) in 2009. The most likely risk factor for 77% (n=528) was injecting drug use. A further 3.5% (n=24) were either prison inmates or homeless.

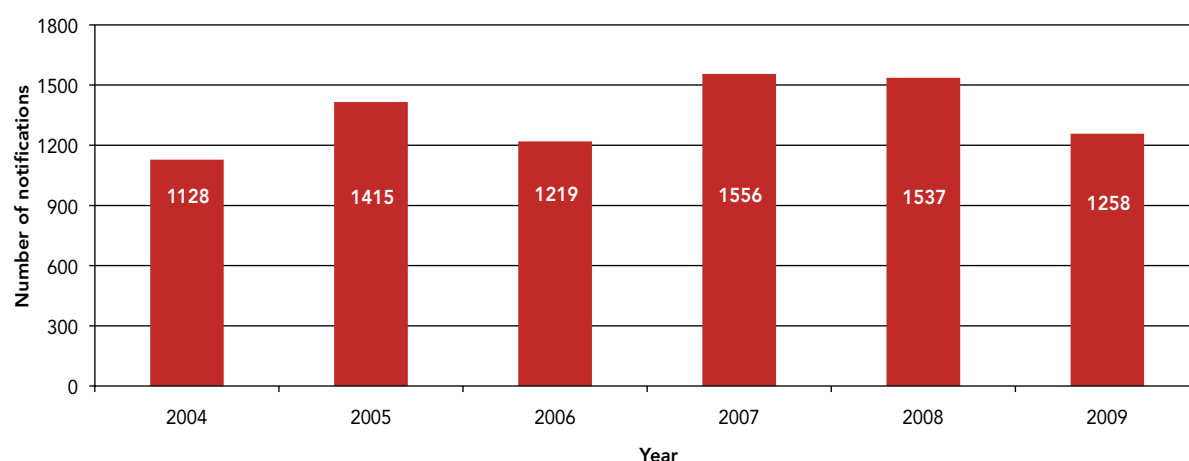


Figure 1. Number of hepatitis C notifications, 2004-2009

Although mode of transmission was not reported for these cases, injecting drug use is likely to have been the source of infection in many of these cases.

Thirty cases (4%) were reported as infected through receipt of blood or blood products. Of these, fifteen were infected in Ireland. No further information was available for three cases, but the remainder were all infected through anti-D or blood transfusions acquired many years in the past, but were notified for the first time in 2009. Fourteen cases (2%) were known to be asylum seekers, forty six cases (7%) were born in an endemic country and the most likely risk factor for twenty cases (3%) was sexual exposure.

Discussion

The number of cases of hepatitis C notified in 2009 decreased to a level similar to that recorded in 2006. However, the high hepatitis C notifications seen in previous years (2005 to 2008) may not accurately reflect incidence trends in Ireland. It is likely that many of the cases notified in these years were not newly acquired infections but were diagnosed by screening certain groups identified as been at risk. These notifications may also include some cases diagnosed before 2004 (when hepatitis C became notifiable) as a result of repeat testing. There was an 18% decrease in hepatitis C notifications in 2009 compared to 2008. The lower

2009 figure may reflect a decrease in the number of previously diagnosed cases been notified due to repeat testing.

Risk factor information on hepatitis C has improved over the last few years. For 2009, risk factor data were available for 54% of cases compared with only 38% in 2008. Where risk factor data were available, injecting drug use remained the predominant mode of transmission. Although information on risk factor was not available for 46% of cases, the age and sex profile of these cases did not differ significantly from those for whom information was available.

The prevalence of hepatitis C in the general population in Ireland is thought to be very low. Infection is mostly in defined risk groups such as injecting drug users and people who received unscreened blood or blood products in the past.

The figures presented in this summary are based on data extracted from the Computerised Infectious Disease Reporting (CIDR) System on 25th June 2010. These figures may differ from those published previously due to ongoing updating of notification data on CIDR.

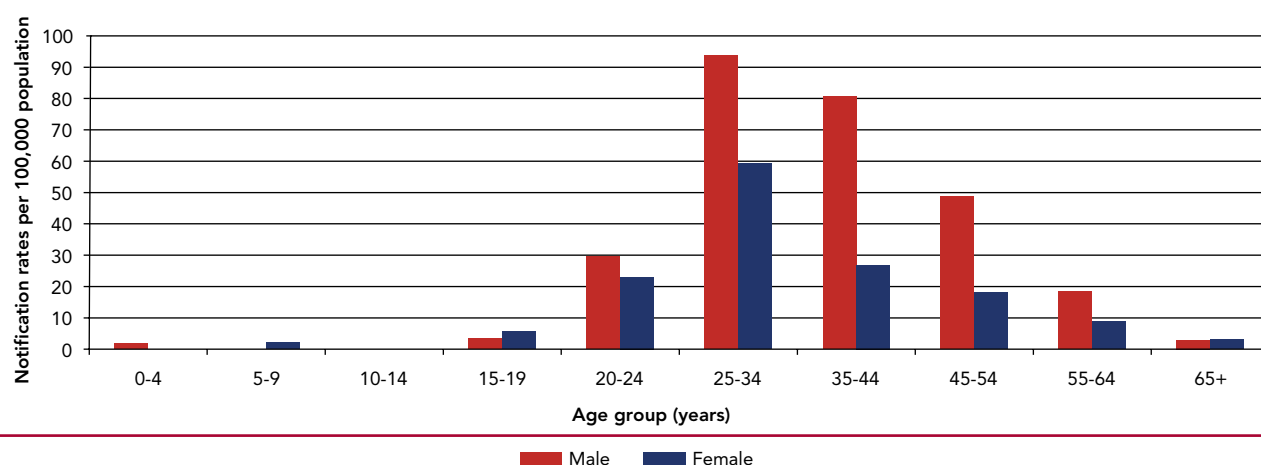


Figure 2. Age and sex-specific notification rates/100,000 population for hepatitis C, 2009

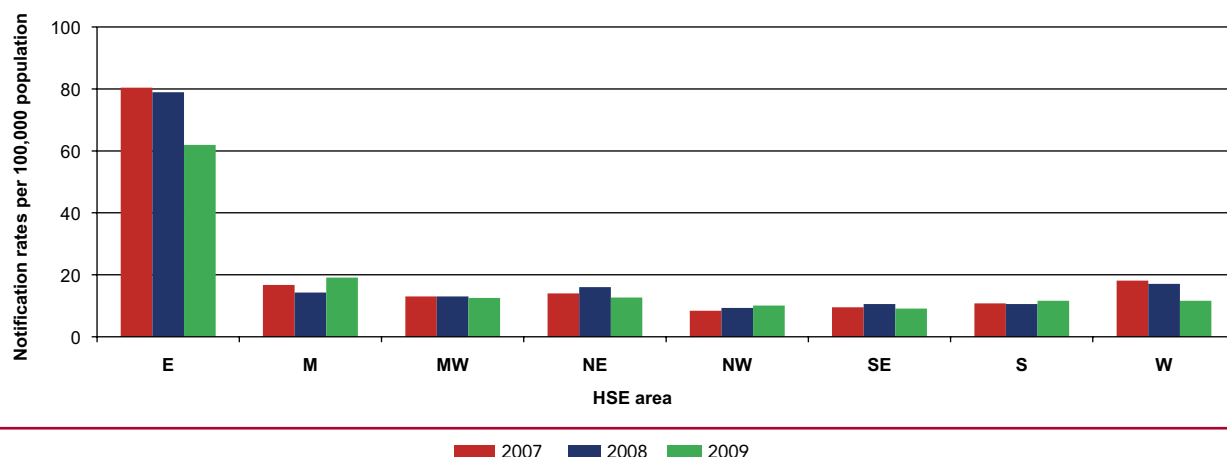


Figure 3. Notification rates/100,000 population for hepatitis C by HSE area, 2007-2009