

5.2 Hepatitis C

Summary

Number of cases, 2010: 1,239
Crude notification rate, 2010: 29/100,000
Number of cases, 2009: 1,241

Hepatitis C is a major cause of liver disease worldwide. 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 most cases, but approximately 75% of those infected fail to clear the virus and develop chronic infection. Between 5 and 20% of chronically infected individuals develop cirrhosis of the liver after 20 years of infection. Of those with cirrhosis, 1.5 to 2.5% will go on to develop hepatocellular carcinoma (liver cancer) each year.¹ Effective treatment, which eradicates the virus in over 50% of cases, is available for hepatitis C.²

The overall prevalence of chronic hepatitis C in Ireland is comparable to other Northern European countries and is estimated to be between 0.5 and 1.2%. The prevalence in the general population is low and most cases fall into defined risk groups such as injecting drug users, people who received unscreened blood or blood products in the past and people who were born in hepatitis C endemic countries.³

The number of cases of hepatitis C reported in 2010 was very similar to 2009, with 1,239 notifications (29/100,000 population) compared to 1,241 in 2009 (figure 1). There was a strong predominance of males: 67% (n=833) of cases were male, 32% (n=396) were female and sex was not known for 10 cases (figure 1). The highest notification rates were in young to middle aged adults. Seventy two percent (n=896) of cases were aged between 25 and 44 years (figure 2). The median age for females was younger (33 years) than that for males (36 years).

The geographic distribution of cases was skewed, with the HSE-E reporting 76% of all cases notified in 2010. The highest notification rates were in the HSE-E

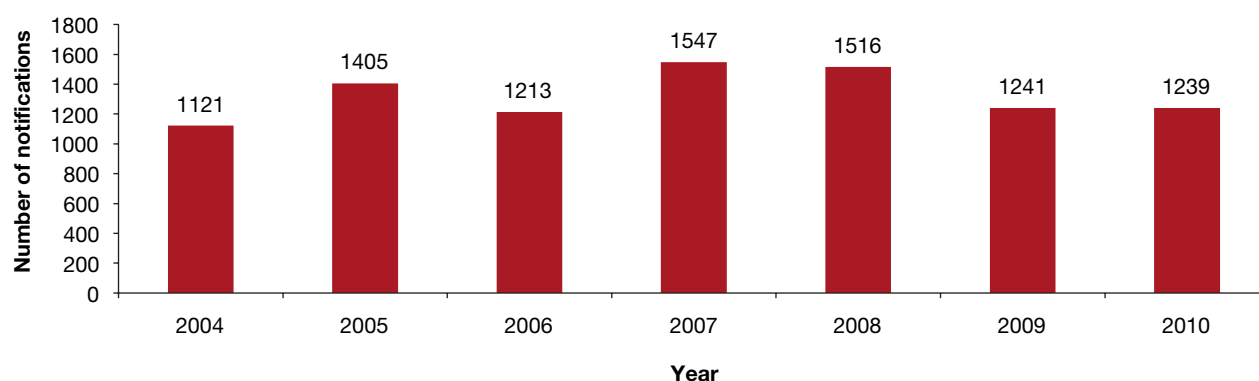


Figure 1. Number of hepatitis C notifications, 2004-2010

(63/100,000 population, n=940) and the HSE-M (28/100,000 population, n=71) (figure 3).

Data on most likely risk factor were available for 59% of cases (n=728). The most common risk factors reported were injecting drug use (76%, n=550), being an asylum seeker/born in an endemic country (9%, n=63), sexual exposure (5%, n=38) and receipt of blood or blood products (3%, n=19).

Of the nineteen cases acquired through blood or blood products, seven were infected in Ireland, five were infected outside Ireland and country of infection was not known for seven. All cases acquired in Ireland were infected many years in the past, but were notified for the first time in 2010.

The number of cases of hepatitis C notified in 2010 remained high and, where risk factor data were available, injecting drug use was the predominant mode of transmission. Although information on risk factor was not available for 41% of cases, the age and sex profile of these cases did not differ significantly from those for whom information was available.

Data on country of birth and country of infection were too incomplete to allow for reporting.

The figures presented in this summary are based on data extracted from the Computerised Infectious Disease Reporting (CIDR) System on 13th October 2011. These figures may differ from those published previously due to ongoing updating of notification data on CIDR.

References:

1. Global Burden of Hepatitis C Working Group. Global burden of disease (GBD) for hepatitis C. *J Clin Pharmacol.* 2004 Jan;44(1):20-9.
2. National Institute for Clinical Excellence. NHS. Interferon alpha (pegylated and non-pegylated) and ribavirin for the treatment of chronic hepatitis C. Technology appraisal 75. London: NICE; 2004.
3. Thornton L, Murphy N, Jones L, Connell J, Dooley S, Gavin S et al. Determination of the burden of hepatitis C virus infection in Ireland. *Epidemiol Infect.* 2011 Sep 19:1-8.

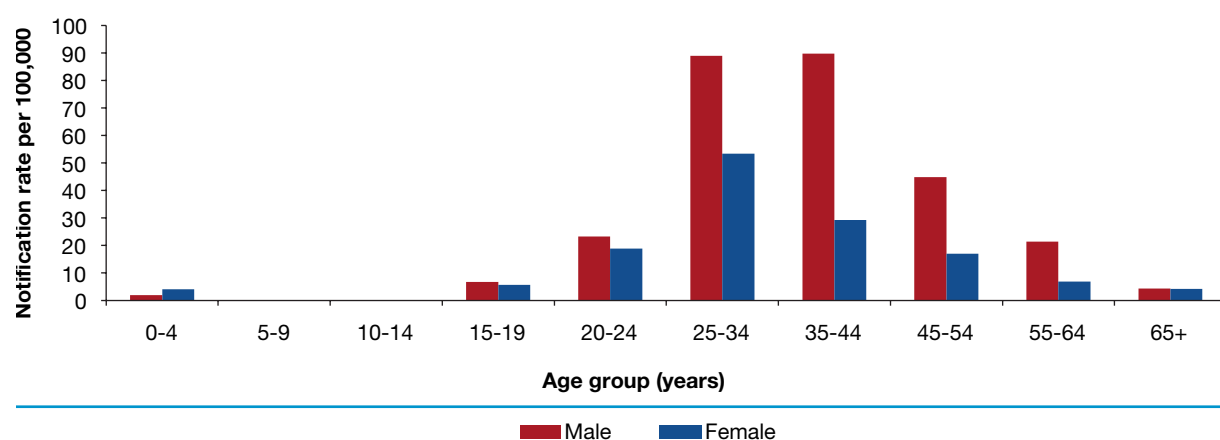


Figure 2. Age and sex-specific notification rates/100,000 population for hepatitis C, 2010

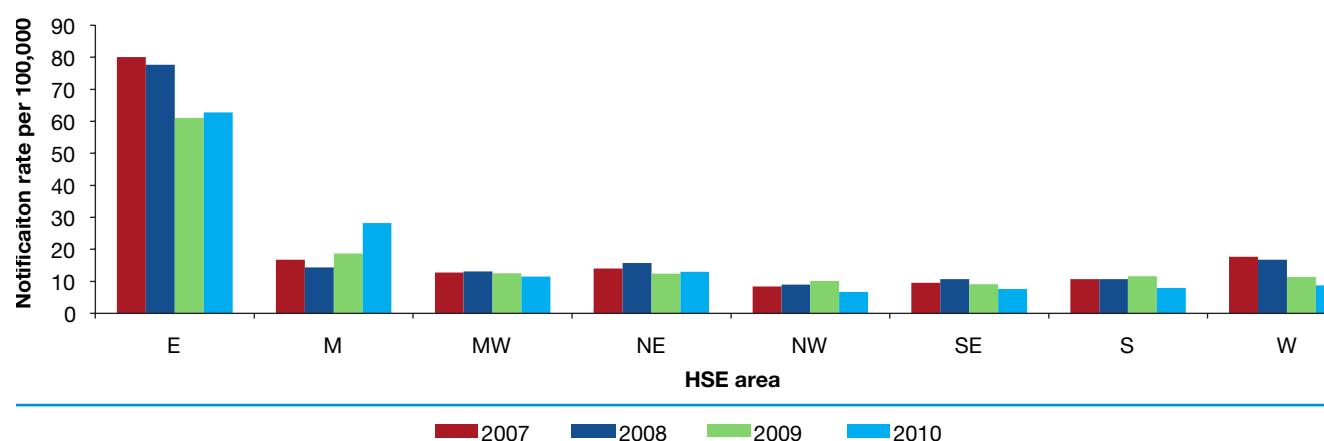


Figure 3. Notification rates/100,000 population for hepatitis C by HSE area, 2007-2010