

5.2 Hepatitis C

Summary

Number of cases, 2012: 1,036

Crude notification rate, 2012: 22.6/100,000 population

Number of cases in 2011: 1,255

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 (this is no longer a risk in Ireland). 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 Treatment with a combination of peginterferon and ribavirin induces sustained virologic response (SVR) rates of 40-50% in those with genotype 1 and of 80% or more in

those with genotype 2 and 3 infections. Recently introduced new treatment regimes, which include protease inhibitors, have greatly improved SVR rates. An SVR is regarded as a virologic cure and is associated with improved morbidity and mortality.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

Hepatitis C notifications decreased by 18% in 2012 (n=1036, 22.6/100,000 population) compared to 2011 (n=1,255, 27.4/100,000 population) (figure 1). There was a strong predominance of males: 66% (n=686) of cases were male, 33% (n=343) were female and sex was not reported for seven cases (figure 1). The highest notification rates were in young to middle aged adults. Eighty two percent (n=851) of cases were aged between 25 and 54 years (figure 2). The median

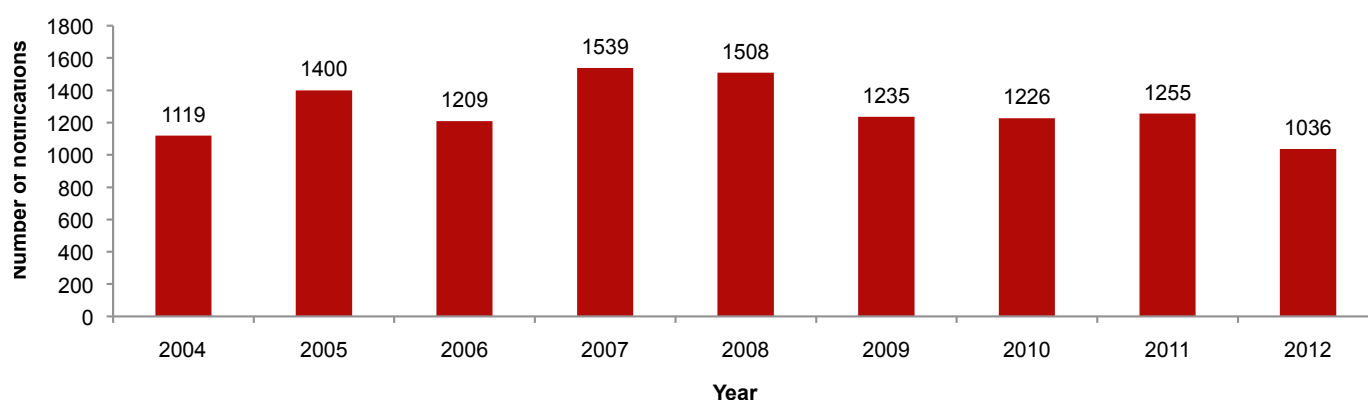


Figure 1. Number of hepatitis C notifications, 2004-2012

age at notification for females was younger (35 years) than that for males (38 years).

The geographic distribution of cases was skewed, with the HSE-East reporting 74% of the cases notified in 2012 (n=762, 47/100,000 population) (figure 3).

Data on most likely risk factor were available for 63% of cases (n=655). The most common risk factors reported were injecting drug use (74%, n=485), sexual exposure (7%, n=43), being an asylum seeker/born in an endemic country (6%, n=41), vertical transmission (5%, n=32) and receipt of blood or blood products (4%, n=26) (figure 4).

The vertically acquired infections do not all represent recent births in Ireland. Eighteen of the thirty two were born in Ireland, five were born in other countries and country of birth was not available for the remaining nine. Only four of the Irish-born cases were children aged less than two years. Thirteen were older children and one was an adult. These cases were previously diagnosed but were notified for the first time in 2012.

Of those who were infected through contaminated blood or blood products, nine were infected in Ireland, four were infected in other countries and no country of infection was available for the remaining thirteen. The Irish infections occurred many years in the past, but were notified for the first time in 2012.

Data on country of birth were only available for 21% of cases (n=219). Where information was available, the most common countries of birth were Ireland (46%, n=101), Latvia (8%, n=18), Poland (8%, n=18), Lithuania (6%, n=14), the United Kingdom (6%, n=14) and Pakistan (5%, n=11).

Co-infections

Co-infections with HIV or hepatitis B can lead to more severe liver disease and an increased risk of liver cancer in those with hepatitis C infection. Twenty two of the hepatitis C cases notified in 2012 were known to be co-infected with HIV. Of the fourteen of these for whom country of birth was known, seven were born in Ireland and five of the remaining seven were born in countries in Eastern or Central Europe. Eight of the 2012 hepatitis C cases were also known to be co-infected

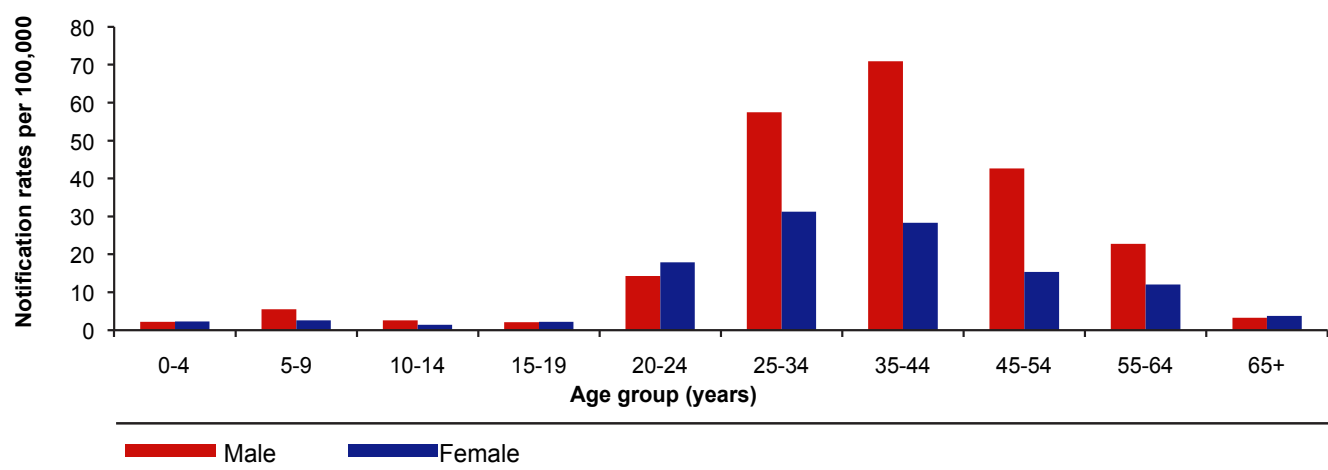


Figure 2. Age and sex-specific notification rates/100,000 population for hepatitis C, 2012

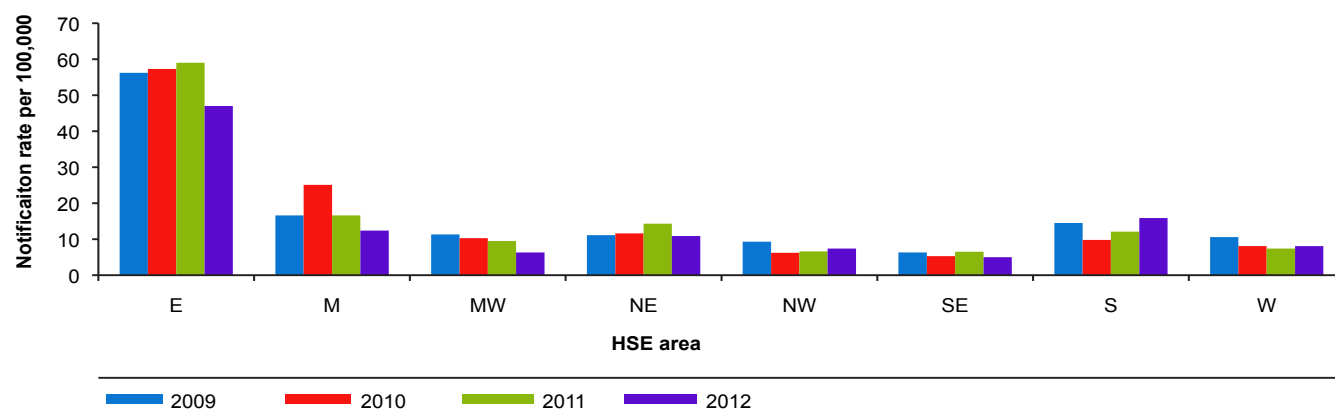


Figure 3. Notification rates/100,000 population for hepatitis C by HSE area, 2009-2012

with hepatitis B. Two cases had hepatitis B, hepatitis C and HIV infections.

The figures presented in this summary are based on data extracted from the Computerised Infectious Disease Reporting (CIDR) System on 29th August 2013. These figures may differ from those published previously due to ongoing updating of notification data on CIDR.

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. Ghany MG, Nelson DR, Strader DB, Thomas DL, Seeff LB. An update on treatment of genotype 1 chronic hepatitis C virus infection: 2011 practice guideline by the American Association for the Study of Liver Diseases. *Hepatology* 2011;54(4):1433-4.
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

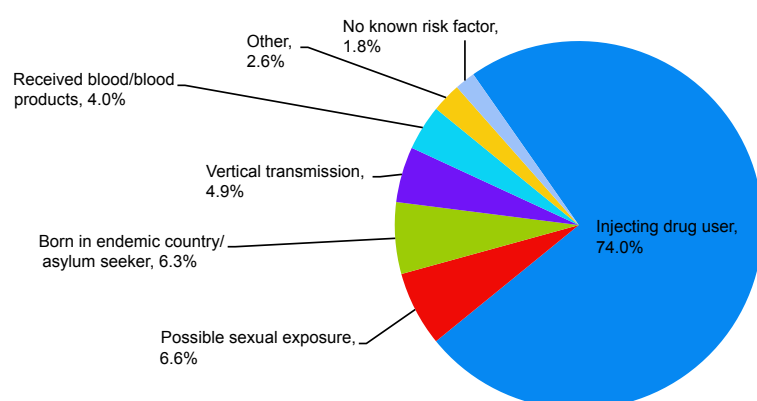


Figure 4. Most likely risk factor for hepatitis C, where data available (63%, n=655 cases), 2012