



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

## Quarterly Report Hepatitis C Notifications Q2, 2005



### Health Protection Surveillance Centre

#### Summary

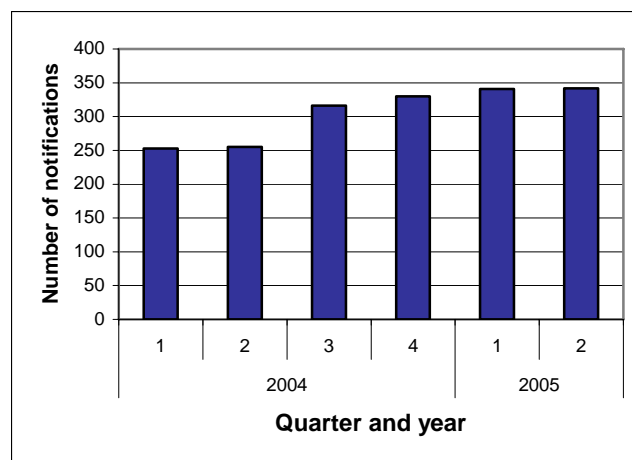
There were 342 notifications of hepatitis C in the second quarter of 2005. Over 65% of cases were male. The number of cases was highest in the 25-34 year age group for both males and females. Over 89% of cases were reported by the ERHA. No risk factor information is currently available routinely for hepatitis C.

#### Introduction

Hepatitis C became a notifiable disease under an amendment to the Infectious Diseases Regulations 1981, implemented on 1<sup>st</sup> January 2004 (S.I 707 of 2003). This amendment also requires laboratory directors to report cases of notifiable diseases identified in their laboratories. Previously hepatitis C may have been notified as viral hepatitis type unspecified. The recent changes have had a positive impact on the quality of information available on hepatitis C in Ireland. This is a summary of the notifications of hepatitis C made to HPSC by the HSE areas in the second quarter of 2005.

#### Results

There were 342 notifications of hepatitis C in the second quarter of 2005. This was similar to the updated number of cases for quarter 1 2005 (n=341) and is an increase when compared to quarter 2, 2004 (n=255).



**Figure 1.** Number of notifications of hepatitis C per quarter, Q1 2004-Q2 2005

#### Geographic distribution

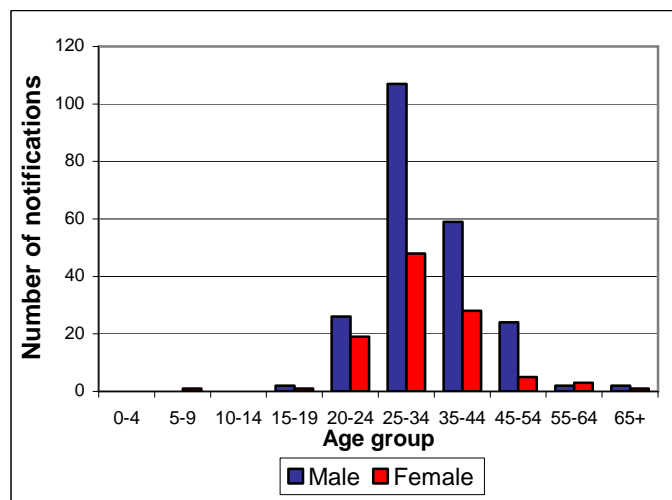
The number and rate of hepatitis C cases notified by each region in Q2 are displayed in table 1. The HSE-ER notified over 80% of cases for Q1 and Q2 2005.

**Table 1.** Rate and number of hepatitis C cases notified in Q2 2005 by HSE region

HSE Area	Number of notifications		Crude incidence rate per 100,000 population	
	Q1	Q2	Q1	Q2
ER	280	283	20	20.2
M	10	8	4.4	3.5
MW	2	1	0.6	0.3
NE	9	16	2.6	4.6
NW	1	2	0.5	0.9
SE	10	12	2.4	2.8
S	18	13	3.1	2.2
W	11	7	2.9	1.8
<b>Total</b>	<b>341</b>	<b>342</b>	<b>8.7</b>	<b>8.7</b>

## Age and sex

The age and sex breakdown of hepatitis C notifications can be seen in figure 2. There was a large disparity in the sex breakdown: 66% of cases were male, 31% were female and the sex was unknown for 3%. Young adults were most affected, with 73% of cases aged between 25 and 44 years.



**Figure 2.** Age and sex breakdown of hepatitis C cases notified in Q2, 2005

## Discussion

Hepatitis C has only been notifiable since January 2004, but it is evident that the incidence of hepatitis C infection in Ireland is significant. This will have implications for health service planning as up to 80% of infections become chronic and active liver disease develops in 60-70% of chronic cases.<sup>1</sup> There is currently no enhanced surveillance system for hepatitis C in Ireland. Additional data, including risk factor information, is essential for the development of targeted prevention and control strategies. Anecdotally it is known that the majority of new cases are associated with injecting drug use. Studies of injecting drug users (IDUs) in treatment and entering prison have indicated that

the prevalences of antibodies to hepatitis C are over 65% in these populations.<sup>2,3</sup>

## Acknowledgements

HPSC would like to thank all those who provided data for this report - departments of public health, laboratories and clinicians.

## References

1. World Health Organisation. Hepatitis C. 2002. Available at <http://www.who.int/csr/disease/hepatitis/whocdscsrlyo2003/en/index.html>
2. Smyth BP, O'Connor JJ, Barry J, Keenan E. Retrospective study examining incidence of HIV and hepatitis C among injecting drug users in Dublin. *J Epidemiol Commun Health* 2003;57:310-311.
3. Allwright S, Bradley F, Long J, Barry J, Thornton L, Parry JV. Prevalence of antibodies to hepatitis B, hepatitis C, and HIV and risk factors in Irish prisoners: results of a national cross sectional survey. *BMJ* 2000;321:78-82.

Report by Niamh Murphy and Dr Lelia Thornton, 5 Oct 2005.

## Case definition for hepatitis C<sup>1</sup>

*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.

### Laboratory criteria for diagnosis

One of the following:

- Detection of hepatitis C virus (HCV) specific antibodies
- Detection of HCV nucleic acid from clinical sample

### 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.

**All data contained in this report are provisional (CIDR accessed 30<sup>th</sup> September 2005)**