



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Quarterly Report Hepatitis C Notifications Q3, 2005



Health Protection Surveillance Centre

Summary

There were 375 notifications of hepatitis C in the third quarter of 2005. Sixty percent of cases were male and the number of cases was highest in the 25-34 year age group for both males and females. Seventy-seven percent of cases were reported by the HSE-ER. 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 1st 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 third quarter of 2005.

Results

There were 375 notifications of hepatitis C in the Q3 2005. This was an increase on the updated number of cases for Q2 2005 (n=347), and is an increase when compared to Q3 2004 (n=316) (figure 1).

Geographic distribution

The number and rate of hepatitis C cases notified by each region in Q3 are displayed in table 1. Seventy-seven percent of cases were notified by the HSE-ER.

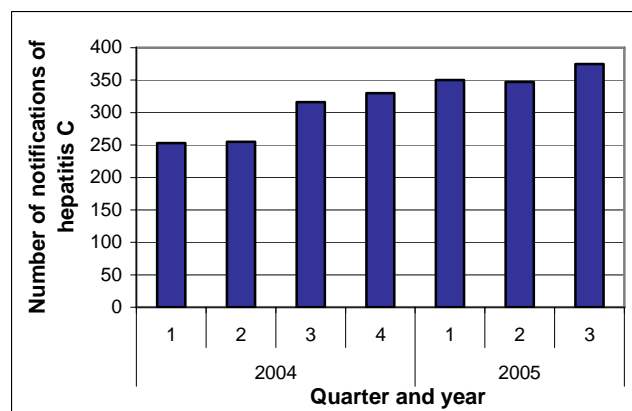


Figure 1. Number of notifications of hepatitis C per quarter, Q1 2004-Q3 2005

Table 1. Number of hepatitis C cases notified in the first three quarters of 2005 by HSE region

HSE Area	Q1	Q2	Q3
ER	280	283	289
M	10	8	13
MW	12	7	20
NE	9	16	7
NW	1	2	5
SE	10	12	18
S	17	12	20
W	11	7	3
Total	350	347	375

Age and sex

The age and sex breakdown of hepatitis C notifications can be seen in figure 2. Sixty percent of cases notified in Q3 2005 were male and 40% were female. Young adults, of both sexes, were most affected, with 66% of cases aged between 25 and 44 years. Five cases were aged four years or less and four cases were aged between ten and fourteen. This is an increase compared to Q2 when only two cases aged 14 years or less were notified.

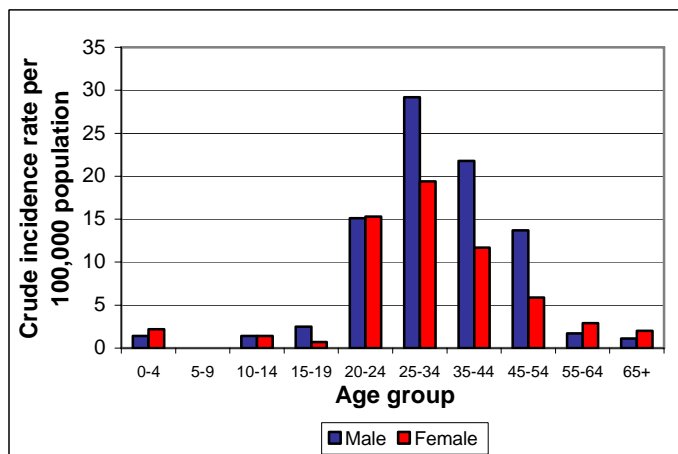


Figure 2. Age and sex breakdown of hepatitis C cases notified in Q3, 2005

Discussion

Hepatitis C has only been notifiable in Ireland since January 2004, but it is evident that the incidence of hepatitis C infection in Ireland is significant.

Anecdotally, it is known that the majority of new cases are associated with injecting drug use (IDU). The high numbers among males particularly, and young adults of both sexes is likely to be a reflection of this.

The number of cases among infants and young children is generally low as perinatal transmission is not very efficient. Although notifications in young age groups have increased in recent months, these are mostly retrospective notifications, and may have been diagnosed earlier in the year.

There is, as yet, 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.

Acknowledgements

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

Report by Niamh Murphy and Dr Lelia Thornton, 25th Nov 2005.

Case definition for hepatitis C¹

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 21st November 2005)