



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Quarterly Report Hepatitis C Notifications Q1, 2006



Health Protection Surveillance Centre

Summary

There were 276 notifications of hepatitis C in the first quarter of 2006. Sixty-three 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-three percent of cases were reported by the HSE-E. 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”. These 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 first quarter of 2006.

Results

There were 276 notifications of hepatitis C in Q1 2006. This was a decrease compared to the updated number of cases for Q4 2005 (n=332) and Q1 2005 (n=342) (figure 1).

Geographic distribution

The hepatitis C numbers and rates per 100,000 population, by HSE area for the past four quarters, are displayed in table 1 and figure 2, respectively. Seventy-three percent (n=201) of the Q1 2006

cases were notified by the HSE-E, with the HSE-M and HSE-S each notifying 7% (n=20) of cases.

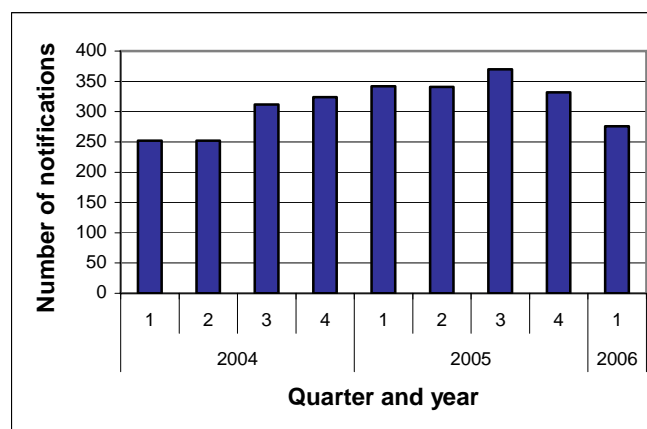


Figure 1. Number of notifications of hepatitis C per quarter, Q1 2004-Q1 2006

Table 1. Number of hepatitis C cases notified by quarter and HSE area Q2 2005 to Q1 2006

HSE area	2005			2006
	Q2	Q3	Q4	Q1
E	274	284	250	201
M	10	13	12	20
MW	7	19	15	7
NE	16	7	15	13
NW	2	6	4	6
SE	13	18	21	9
S	12	20	15	20
W	7	3	0	0
Total	341	370	332	276

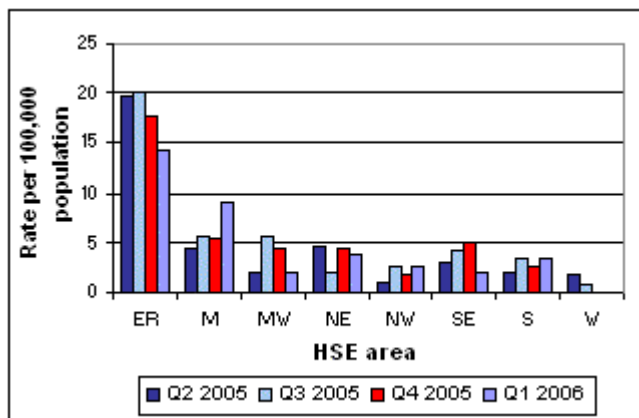


Figure 2. Rate per 100,000 population for hepatitis C notifications by HSE area Q2 2005 to Q1 2006

Age and sex

The age and sex specific rates for hepatitis C notifications in Q1 2006 are shown in figure 3. Sixty-three percent (n=174) of cases were male, 35% (n=97) were female and sex was unknown for 2% (n=5) of cases.

Young adults of both sexes were most affected, with 67% (n=185) of cases aged between 25 and 44 years. The age distribution of males and females was very similar.

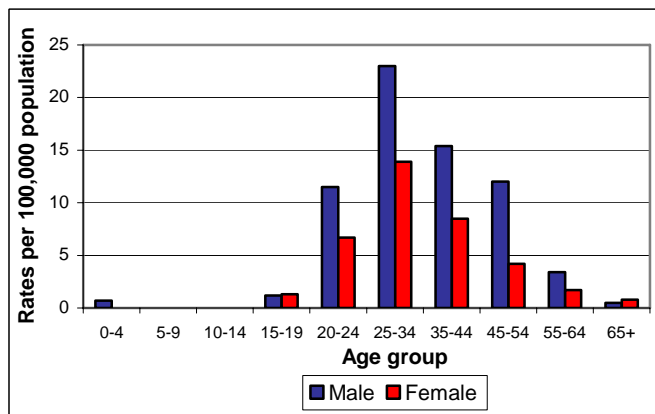


Figure 3. Age and sex specific rates per 100,000 population for hepatitis C notifications in Q1 2006

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.

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 of hepatitis C in Ireland 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.

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 and for planning future healthcare provision.

Acknowledgements

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Report by Niamh Murphy and Dr Lelia Thornton, 28th June 2006.