



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

## Quarterly Report Hepatitis C Notifications Q2, 2006



### Health Protection Surveillance Centre

#### Summary

There were 307 notifications of hepatitis C in the second quarter of 2006. Sixty-two percent of cases were male and the number of cases was highest in the 25-34 years age group for both males and females. Seventy-one 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 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”. 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 second quarter of 2006.

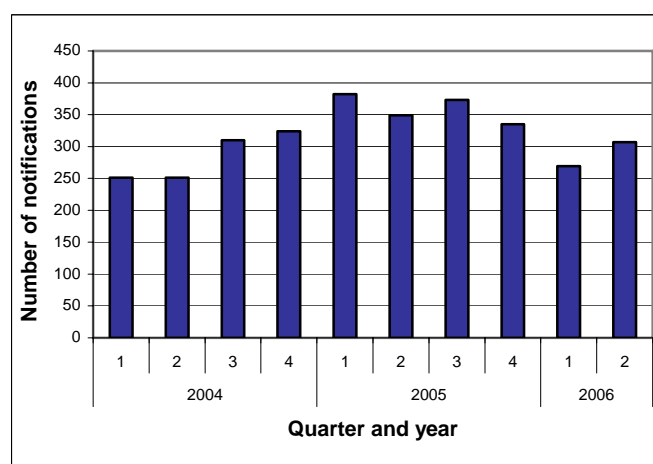
#### Results

There were 307 notifications of hepatitis C in Q2 2006. This was an increase compared to the updated number of cases for Q1 2006 (n=269), and a decrease compared to Q2 2005 (n=349) (figure 1).

#### Geographic distribution

The hepatitis C numbers and rates per 100,000 population, by HSE area for the past four quarters, are shown in table 1 and figure 2, respectively. The rates for the past four quarters have been consistently highest in the HSE-E. The crude incidence rate for Q2 in the HSE-E was 15.6 per

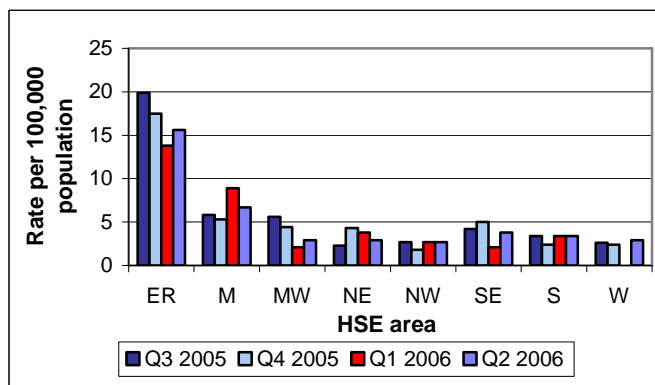
100,000 population. This represented 71% (n=219) of the Q2 2006 cases. This was followed by rates of 5.2 and 4.9 per 100,000 population in the HSE-M and HSE-SE, respectively.



**Figure 1.** Number of notifications of hepatitis C per quarter, Q1 2004-Q2 2006

**Table 1.** Number of hepatitis C cases notified by quarter and HSE area Q3 2005 to Q2 2006

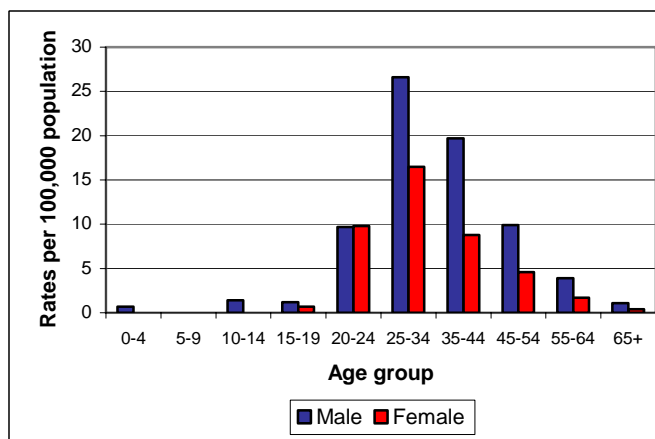
HSE area	2005		2006	
	Q3	Q4	Q1	Q2
E	279	245	194	219
M	13	12	20	15
MW	19	15	7	10
NE	8	15	13	10
NW	6	4	6	6
SE	18	21	9	16
S	20	14	20	20
W	10	9	0	11
<b>Total</b>	<b>373</b>	<b>335</b>	<b>269</b>	<b>307</b>



**Figure 2.** Rate per 100,000 population per quarter for hepatitis C notifications by HSE area Q3 2005 to Q2 2006

### Age and sex

The age and sex-specific rates for hepatitis C notifications in Q2 2006 are shown in figure 3. Sixty-two percent (n=192) of cases were male, 36% (n=110) were female and sex was unknown for 2% (n=5) of cases.



**Figure 3.** Age and sex specific rates per 100,000 population for hepatitis C notifications in Q2 2006

Young adults of both sexes were most affected, with 71% (n=218) of cases aged between 25 and

44 years and 93% (n=285) of cases aged between 20 and 54 years. The age distribution of males and females was very similar.

## Discussion

The number of hepatitis C notifications remained high in Q2 2006. The age and sex breakdown and geographic distribution of cases has been similar each quarter since hepatitis C became notifiable in January 2004. The majority of new cases of hepatitis C in Ireland are in young adults, with more male than female cases. The highest rates are in the HSE-E.

There is, as yet, no enhanced surveillance system for hepatitis C in Ireland. Additional data, particularly risk factor information, is essential for the development of targeted prevention and control strategies and for planning future healthcare provision. Anecdotally, it is known that the majority of new cases of hepatitis C are associated with injecting drug use. The age and sex profile and geographic distribution of the notification data may reflect this.

## 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, 28<sup>th</sup> August 2006.

### 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.