

Report on Hepatitis C Notifications in Q3 2007

Health Protection Surveillance Centre

Summary

There were 429 notifications of hepatitis C in Q3 2007. Sixty percent were male and the number of cases was highest in the 25-34 year age group for both sexes. Seventy four percent of cases were reported by the HSE-E.

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). Prior to this, cases of hepatitis C could be notified as “viral hepatitis type unspecified”.

Results

There were 429 notifications of hepatitis C in Q3 2007. This corresponded to a crude notification rate of 10.1 per 100,000 population, which is an increase compared to the updated numbers for Q2 2007 (n=407) and Q3 2006 (n=364) (figure 1).

Notifications for the first three quarters of 2007 increased by 25% compared to the first three quarters of 2006. However, fluctuations occur from quarter to quarter and this increase may be due to reporting practices.

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.

Notification rates have been highest in the HSE-E every quarter since hepatitis C became notifiable. Q3 2007 was no exception, with 74% percent (n=317) of cases notified by the HSE-E. This corresponded to a crude notification rate of 21.1 per 100,000 population. This was almost three times higher than the next highest rate, which was 7.5 per 100,000 population in the HSE-W (n=31).

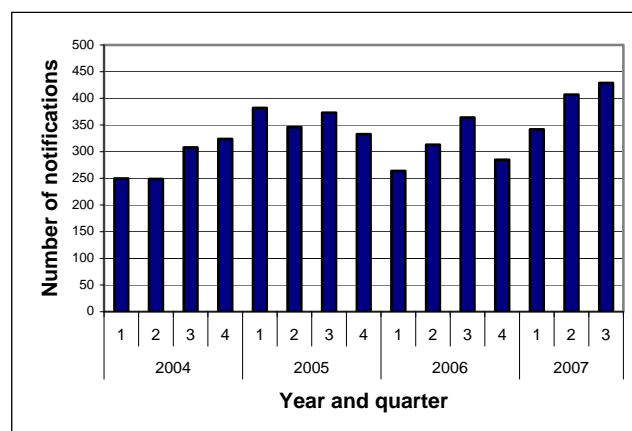


Figure 1. Number of notifications of hepatitis C per quarter, Q1 2004 to Q3 2007

Table 1. Number of hepatitis C cases notified by quarter and HSE area for the past four quarters

HSE Area	Q4 2006	Q1 2007	Q2 2007	Q3 2007
E	225	274	331	317
M	7	6	19	6
MW	6	9	12	11
NE	6	19	9	17
NW	2	4	5	4
SE	9	10	5	13
S	15	12	13	30
W	15	8	13	31
Total	285	342	407	429

Age and sex

The age and sex-specific rates for hepatitis C notifications in Q2 2007 are shown in figure 3. Sixty percent (n=259) of cases were male, 38% (n=162) were female and sex was unknown for 8 cases.

Young adults of both sexes were most affected, with 70% (n=302) of cases aged between 25 and 44 years and 91% (n=390) aged between 20 and

54 years. The age distribution for females was slightly younger than that for males.

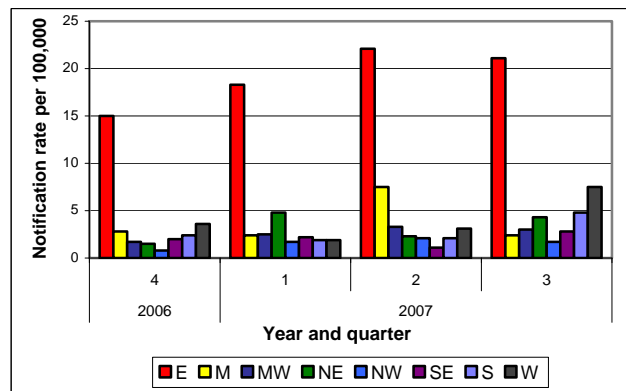


Figure 2. Quarterly rate per 100,000 population for hepatitis C notifications by HSE area for the past four quarters

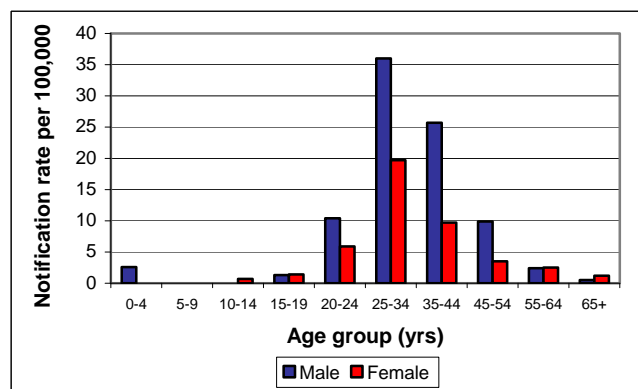


Figure 3. Age and sex specific rates per 100,000 population for hepatitis C notifications in Q3 2007

Discussion

Notifications of hepatitis C have been increasing for the past few quarters, but these changes are difficult to interpret as infection is frequently asymptomatic initially and cases are often diagnosed as a result of opportunistic or routine screening of people considered to be at risk.

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.

Therefore cases may have been infected for some time before they are diagnosed and notification trends may not accurately reflect incidence.

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 and notification rates are consistently highest in the HSE-E.

Enhanced surveillance fields were added to CIDR in February 2007 to capture data on risk factors. However, data completeness has not been good enough to allow these data to be analysed. The number of cases notified is high so delays in entering enhanced data may be due to resource constraints and data completeness may improve as data are validated on an ongoing basis.

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, 5th December 2007.