

# Quarterly Report on Hepatitis C Notifications



The National Disease Surveillance Centre

**Quarter 1**

**2004**

27 April 2004

## Summary

There were 103 notifications of hepatitis C in the first quarter of 2004. The sex distribution of cases was approximately equal. However, the number of females peaked in the 25-29 year age group, while there were two peaks in the males, in those aged 25-29 years and 40-49 years. The ERHA reported the vast majority of cases (89%). The case classification and source of notification was not available for most cases.

## Introduction

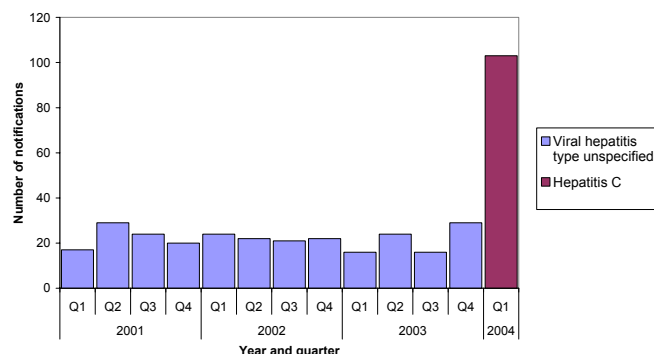
Hepatitis C became a notifiable disease under an amendment to the Infectious Disease Regulations 1981, implemented on 1<sup>st</sup> January 2004 (S.I. 707 of 2003). This amendment also requires laboratory directors to report cases of notifiable diseases identified in their laboratories. Previously hepatitis C may have been notified as viral hepatitis type unspecified. The recent changes should have 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 NDSC by the health boards in the first quarter of 2004.

## Results

There were 103 notifications in the first quarter of 2004. There are no directly comparable data from previous years as hepatitis C was not notifiable. A comparison is made here with viral hepatitis type unspecified.

There was a large increase compared to the number of viral hepatitis type unspecified notified per quarter since 2001 (figure 1).



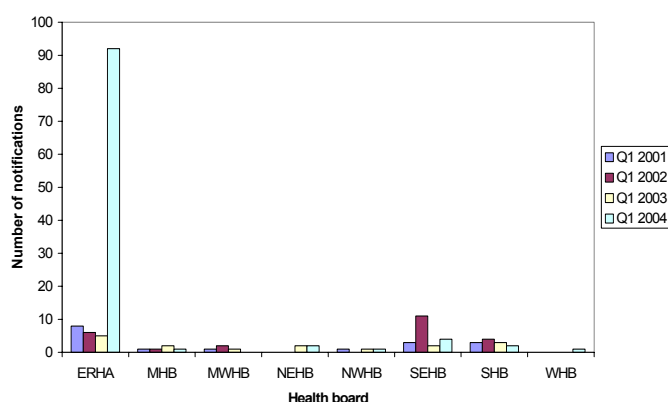
**Figure 1. Number of notifications of viral hepatitis type unspecified Q1 2001-Q4 2003 and hepatitis C Q1 2004**

## Geographic distribution

The number of hepatitis C notified by each health board compared to previous years can be seen in table 1 and figure 2. The excess cases in quarter 1 2004 (compared to viral hepatitis type unspecified) was almost entirely in the ERHA.

**Table 1. Number of notifications by health board of viral hepatitis type unspecified Q1 2003 and total 2003, and hepatitis C Q 1 2004 and total year to date 2004**

Health Board	Unspec. Q1 2003	Unspec. Total 2003	Hep C Q1 2004	Total Hep C 2004 (to date)
ERHA	5	36	92	92
MHB	2	9	1	1
MWHB	1	4	0	0
NEHB	2	2	2	2
NWHB	1	3	1	1
SEHB	2	18	4	4
SHB	3	12	2	2
WHB		1	1	1
<b>Total</b>	<b>16</b>	<b>85</b>	<b>103</b>	<b>103</b>



**Figure 2. Number of notifications per health board in Q1 2001-2004**

### Age and sex

Age and sex distribution can be seen in figure 3

### Case classification

No case classification was reported in 29.1% of cases, 63.1% were classified as **confirmed** hepatitis C, 1% were **possible** hepatitis C and the remaining 6.8% were reported as unknown\*. (*Note – “possible” is not applicable as a case classification*).

### \*Case definition for hepatitis C

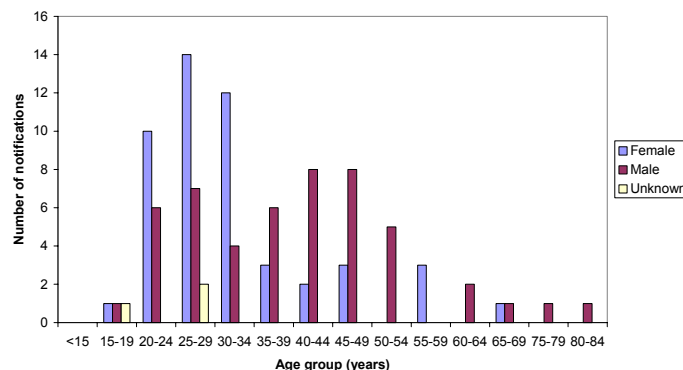
#### Clinical description

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



**Figure 3. Notification in quarter 1 2004 by age and sex**

### Source of notification

Sixty one percent of cases were notified by a laboratory, 18% by a hospital clinician, 6% by a GP and 5% by a public health doctor. Information on the source of notification was missing in 10% of cases.

## Discussion

Hepatitis C became a notifiable disease on the 1<sup>st</sup> January 2004. This, as well as the other amendments to the infectious disease Regulations, should improve the quality and comprehensiveness of data available on hepatitis C in Ireland. Enhanced surveillance is also needed to gather risk factor information in order to fully describe the epidemiology and allow for planning and evaluation of prevention strategies.

### Acknowledgements

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

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