

Quarterly Report on Hepatitis C Notifications



The National Disease Surveillance Centre

Quarter 2 2004

Summary

There were 155 notifications of hepatitis C in the second 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 40-44 years. The ERHA reported the vast majority of cases (87%). The majority (63%) of cases were reported as confirmed, and 63% of those cases where source of notification was reported were laboratory notifications.

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 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 second quarter of 2004.

Results

There were 155 notifications in the second quarter of 2004. This was an increase on the number of cases notified in the previous quarter (n=98). There are no directly comparable data from previous years as hepatitis C was not notifiable. A comparison is made here with notifications of viral hepatitis type unspecified.

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

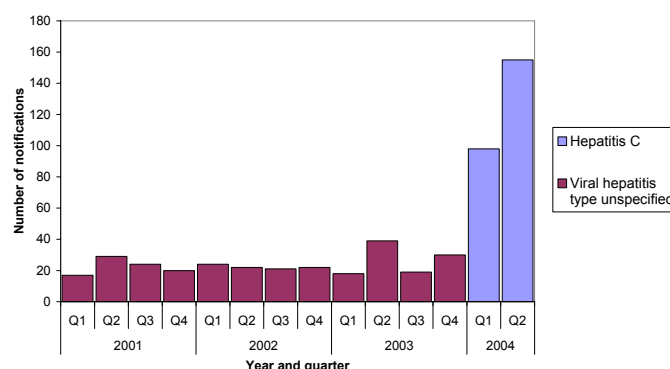


Figure 1. Number of notifications of viral hepatitis type unspecified Q1 2001-Q4 2003 and hepatitis C Q1-Q2 2004

Geographic distribution

The number of hepatitis C notified by each health board compared to viral hepatitis type unspecified in previous years can be seen in

table 1. The excess cases in quarter 2 2004 was almost entirely in the ERHA.

Table 1. Number of cases of viral hepatitis type unspecified by health board Q2 2003 and total 2003 and hepatitis C Q2 2004 and total year to date 2004

Health Board	Unspec. Q2 2003	Unspec. Total 2003	Hep C Q2 2004	Total Hep C 2004 (to date)
ERHA	7	37	135	222
MHB	3	8	5	6
MWHB	1	4	1	1
NEHB	0	2	4	6
NWHB	0	3	0	1
SEHB	7	18	3	7
SHB	4	12	4	6
WHB	1	1	3	4
Total	23	85	155	253

Age and sex

The age and sex of cases were reported for the majority of notifications (99% and 97% respectively). The age and sex distribution can be seen in figure 2. The number of notified cases peaked in the 25-29 year age group in females. There were two peaks in the number of male cases in the 30-34 and 40-44 year age groups.

Case classification

The majority of cases (97/155, 63%) were reported as confirmed (see below for case definitions).

Source of notification

Source of notification was reported in 136/155 (88%) notifications. 86 cases were laboratory notified, 29 were notified by a hospital clinician, 16 by a public health doctor and 5 by a GP.

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

Case classification

Possible: N/A

Probable: N/A

Confirmed: A case that is laboratory confirmed

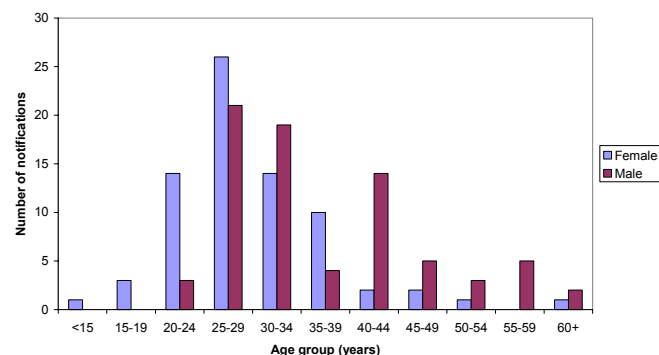


Figure 2. Notifications of hepatitis C in quarter 2 2004 by age and sex

Discussion

The quality of data on hepatitis C notifications has improved since quarter 1. Reporting of source of notification has increased from 22% to 88% and reporting of case classification has increased from 23% to 63%.

It is expected that the quality of data will improve further with more complete reporting from laboratories and with familiarity with case definitions. Enhanced surveillance is also needed to gather risk factor information in order to fully describe the epidemiology and to allow for planning and evaluation of prevention strategies.

Acknowledgements

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