

# Quarterly Report on Hepatitis C Notifications



The National Disease Surveillance Centre

## Quarter 3 2004

### Summary

There were 144 notifications of hepatitis C in the third quarter of 2004. There was an excess of male cases in this quarter. The number of females peaked in the 25-29 year age group, while the majority of male cases were between 20 and 44 years. The ERHA reported the vast majority of cases (81%). The majority (68%) of cases were reported as confirmed, and 80% of those cases where source of notification was reported were laboratory notifications. No risk factor information was available

### Introduction

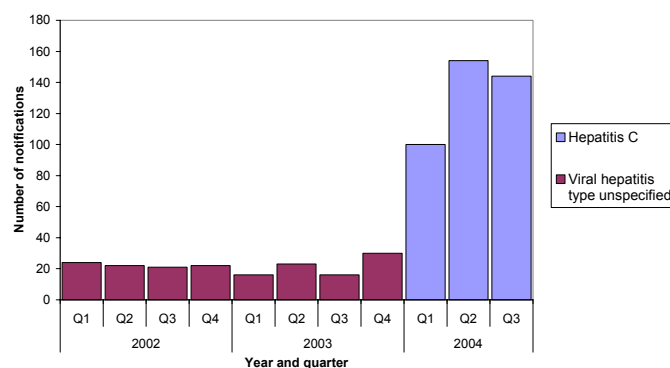
Hepatitis C became a notifiable disease under an amendment to the Infectious Diseases Regulations 1981, implemented on 1<sup>st</sup> January 2004 (S.I 707 of 2003). This amendment also requires laboratory directors to report cases of notifiable diseases identified in their laboratories. Previously hepatitis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

### Results

There were 144 notifications in the third quarter of 2004. This was a decrease on the

number of cases notified in the previous quarter (n=154). 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 2002-Q4 2003 and hepatitis C Q1-Q3 2004**

### Geographic distribution

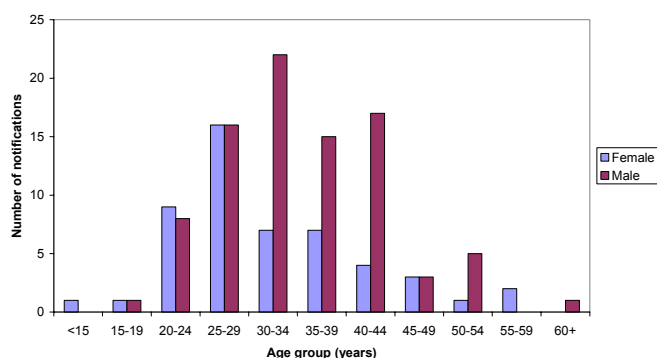
The number of hepatitis C cases notified by each health board compared to viral hepatitis type unspecified in previous years can be seen in table 1. The majority of excess cases in quarter 3 2004 were in the ERHA.

**Table 1. Number of cases of viral hepatitis type unspecified by health board Q3 2003 and total 2003 and hepatitis C Q3 2004 and total year to date 2004**

| Health Board | Unspec. Q3 2003 | Unspec. Total 2003 | Hep C Q3 2004 | Total Hep C 2004 (to date) |
|--------------|-----------------|--------------------|---------------|----------------------------|
| ERHA         | 5               | 37                 | 116           | 341                        |
| MHB          | 1               | 8                  | 7             | 12                         |
| MWHB         | 0               | 4                  | 1             | 2                          |
| NEHB         | 0               | 2                  | 2             | 7                          |
| NWHB         | 1               | 3                  | 0             | 1                          |
| SEHB         | 5               | 18                 | 6             | 13                         |
| SHB          | 4               | 12                 | 6             | 12                         |
| WHB          | 0               | 1                  | 6             | 10                         |
| <b>Total</b> | <b>16</b>       | <b>85</b>          | <b>144</b>    | <b>398</b>                 |

### Age and sex

The age and sex of cases were reported for the majority of notifications (98% and 99% respectively). The age and sex distribution can be seen in figure 2. There were more male than female cases (91 and 51 respectively). The number of notified cases peaked in the 25-29 year age group in females. The majority of the male cases were spread across the age groups 20-44 years.



**Figure 2. Notifications of hepatitis C in quarter 3 2004 by age and sex**

### Case classification

The majority of cases (98/144, 68%) were reported as confirmed (see below for case definition).

### Source of notification

The source of notification was reported in 122/144 (85%) notifications. 97 cases were laboratory notified, 18 were notified by a hospital clinician, 6 by a public health doctor and 1 by a GP.

### Discussion

As hepatitis C is only recently notifiable, it is not yet possible to comment on trends in this disease in Ireland. However, notifications to date this year indicate that this country has a significant burden of illness due to hepatitis C. No risk factor information is available through the current notification system. An enhanced surveillance system is needed to gather risk factor data in order to fully describe the epidemiology and to inform planning and evaluation of prevention and treatment strategies.

The proportion of notifications containing information on the case classification has increased from 63% in quarter 2 to 68% in quarter 3. However, the reporting of source of notification has decreased slightly from 88% to 84%. It is expected that the quality of data will improve further with more complete reporting from laboratories and with familiarity with case definitions.

### Acknowledgements

NDSC would like to thank all those who provided data for this report - departments of public health, laboratories and clinicians. Report by: Aline Brennan and Dr Lelia Thornton, 15<sup>th</sup> November 2004.

### 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.