

Health Protection Surveillance Centre

Summary

The number of hepatitis C notifications in Q1 2013 (n=249) has increased by 9.7% compared to Q4 2012 (n=227) but is a 7% decrease compared to the same period last year (n=269). The overall numbers of hepatitis C notifications continue to be lower than the high notification rates of 2007 and 2008. However, the overall trends remain the same with males accounting for 69% of all new cases. The median age at notification for males at 37 years was almost the same as that for females at 36.5 years. Where risk factor data were available, the vast majority of cases (70%) in Q1 2013 have acquired their infection through injecting drug use.

Introduction

Hepatitis C became a notifiable disease under an amendment to the Infectious Diseases Regulations 1981, implemented in 2004 (S.I 707 of 2003). Prior to this, cases of hepatitis C could be notified as "viral hepatitis type unspecified".

Results

There were 249 notifications of hepatitis C in quarter 1 2013. This corresponds to a crude notification rate of 5.9 per 100,000 population and is a 9.7% increase in notifications compared to quarter 4 2012 (n=227).

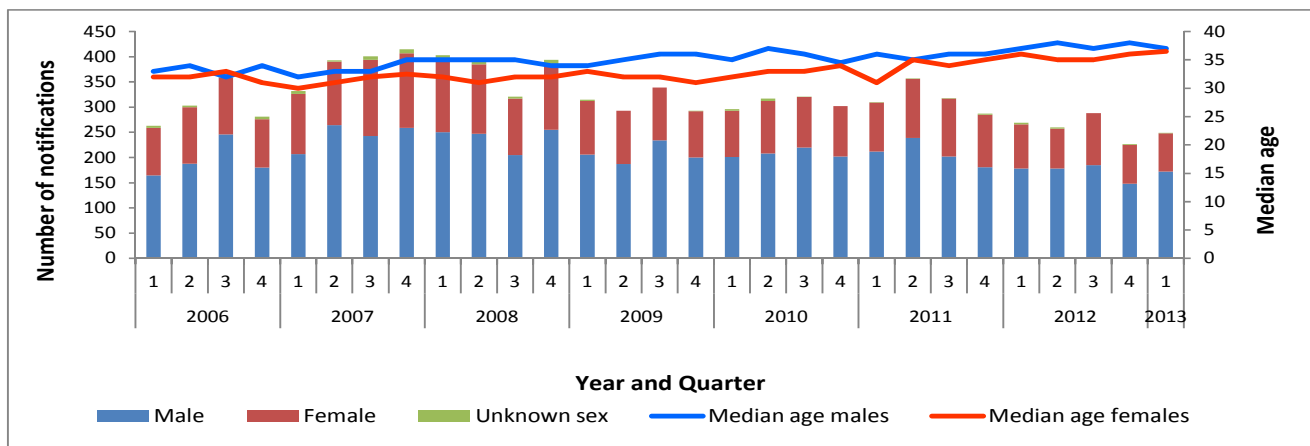


Figure 1. Number of notifications of hepatitis C and median age at notification, by sex, Q1 2005 to Q1 2013

Geographic distribution

Notification rates for each HSE area for the past four quarters are shown in figure 2. Rates have been highest in the HSE-East every quarter since hepatitis C became notifiable. Seventy six percent (n=188) of Q1 cases were reported by the HSE-East in 2013. This corresponds to a notification rate of 12.5 per 100,000 population.

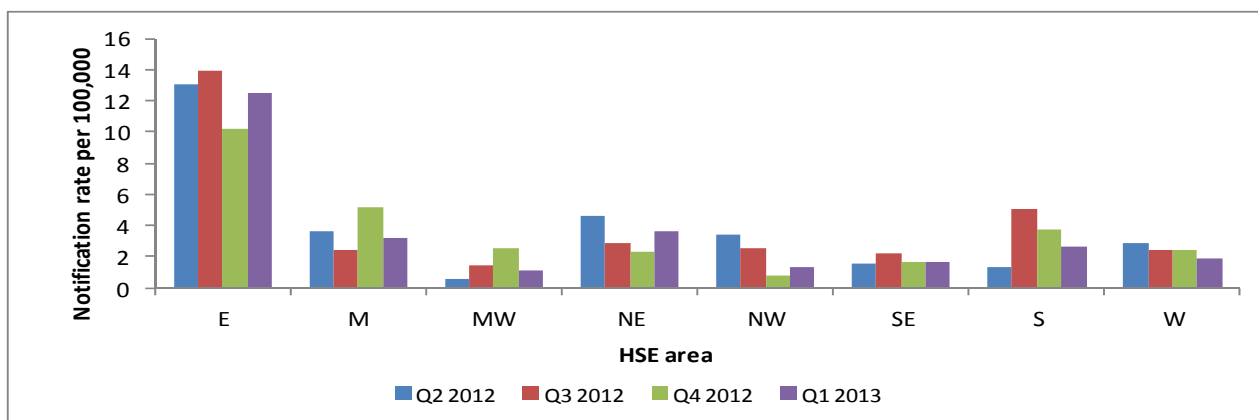


Figure 2. Hepatitis C notification rates per 100,000 population, by HSE area, Q2 2012 to Q1 2013

All data contained in this report are provisional (CIDR accessed 15th May 2013)

Age and sex

Sixty nine percent of hepatitis C cases in Q1 were male (n=172), 30% (n=76) were female and sex was not known for one case. The median age at notification was 37 years for males and 36.5 years for females. Sixty six percent (n=165) of cases were aged between 25 and 44 years (figures 1 & 3).

Risk factor data

Information on most likely risk factor was available for 57% (n=142) of Q1 cases. Seventy percent of these were injecting drug users (n=99), 13% were born in endemic countries (n=18), 8% were reported to have been acquired sexually (n=11), 2% were acquired through vertical transmission (n=3), 2% indicated tattooing/body piercing/acupuncture as a risk factor and 0.7 % were infected through blood or blood products. Where data were available on those infected through blood or blood products in Ireland, infection occurred many years in the past.

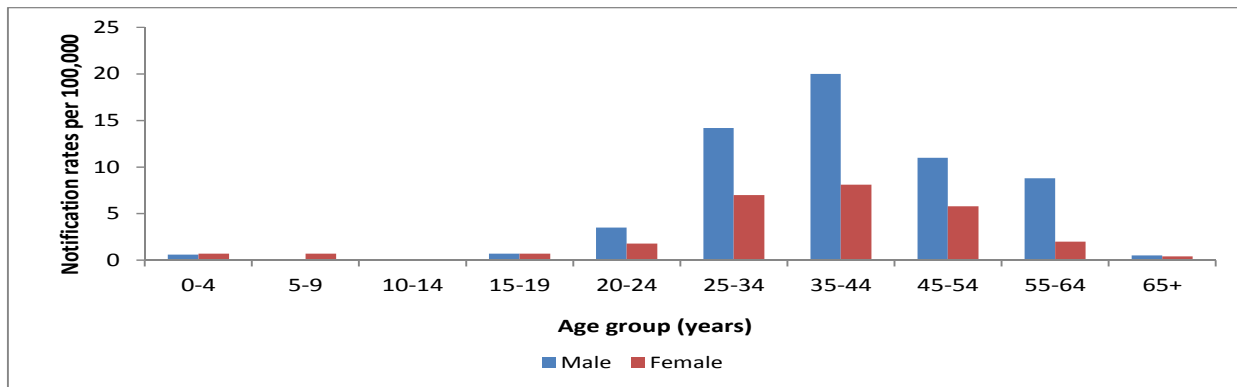


Figure 3. Age and sex specific rates per 100,000 population for hepatitis C notifications, Q1 2013

Co-infections

Co-infection of hepatitis C and HIV complicates both diseases. Untreated HIV infection increases the risk of liver damage and can accelerate cirrhosis compared with those infected with hepatitis C alone. During Q1 2013, there were six co-infections of hepatitis C and HIV. There was an equal distribution across gender, and the median age at notification was 33.5. Country of birth was known for all cases, of which four were born in Eastern Europe, one in Western Europe and one case was from Asia. Risk factor was known for 83% (n=5) of cases: born in endemic country accounted for 3 cases, and 2 cases were injecting drug users.

Hepatitis C & hepatitis B co-infection can also lead to more severe liver disease and an increased risk of liver cancer. There was only one co-infection of hepatitis C and B notified in Q1 2013. This specific case was born in a country with high prevalence for both hepatitis B & C.

Acknowledgements

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Case definition for hepatitis C

Clinical criteria Not relevant for surveillance purposes. *Epidemiological criteria* Not relevant for surveillance purposes.

Laboratory criteria for diagnosis

Hepatitis C (acute)

At least one of the following two:

- Recent HCV seroconversion (prior negative test for hepatitis C in last 12 months)
- Detection of hepatitis C virus nucleic acid (HCV RNA) or hepatitis C virus core antigen (HCV-core) in serum/plasma AND no detection of hepatitis C virus antibody (negative result)
- Detection of hepatitis C virus nucleic acid (HCV RNA) or hepatitis C virus core antigen (HCV-core) in serum/plasma AND no detection of hepatitis C virus antibody (negative result) AND Hepatitis C virus specific antibody (anti-HCV) response confirmed by a confirmatory (e.g. immunoblot) antibody test in persons older than 18 months without evidence of resolved infection*

Hepatitis C (chronic)

- Detection of hepatitis C virus nucleic acid (HCV RNA) or hepatitis C core antigen (HCV-core) in serum/plasma in two samples taken at least 12 months apart

Hepatitis C (unknown status)

Any case which cannot be classified according to the above description of acute or chronic infection and having at least one of the following three:

Case classification

Possible: N/A
Probable: N/A
Confirmed: Any person meeting the laboratory criteria

Note: Resolved infection should not be notified

*Resolved infection: Detection of hepatitis C virus antibody and no detection of hepatitis C virus nucleic acid (HCV RNA negative result) or hepatitis C virus core antigen (HCV-core negative result) in serum/plasma

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