



Report on Hepatitis C Notifications in Quarter 4 2012 and Summary of 2012 data



Health Protection Surveillance Centre 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 227 notifications of hepatitis C in quarter 4 2012. This corresponds to a crude notification rate of 5.4 per 100,000 population and is a 21% decrease in notifications compared to quarter 3 2012 (n=288). The 227 notifications for Q4 2012 are the lowest recorded quarterly figures since hepatitis C became notifiable in 2004.

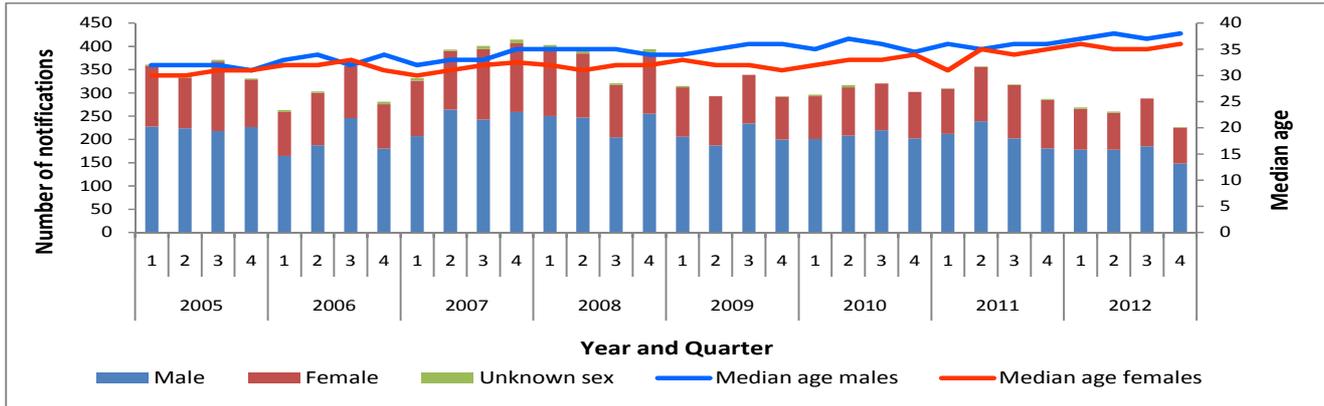


Figure 1. Number of notifications of hepatitis C and median age at notification, by sex, Q1 2005 to Q4 2012

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. Sixty seven percent (n=153) of Q4 cases were reported by the HSE-East in 2012. This corresponds to a notification rate of 10.2 per 100,000 population.

Age and sex

Sixty five percent of hepatitis C cases in Q4 were male (n=148), 34% (n=77) were female and sex was not known for two cases. The median age at notification was 38 years for males and 36 years for females. Sixty five percent (n=148) of cases were aged between 25 and 44 years (figures 1 & 3).

Risk factor data

Information on most likely risk factor was available for 65% (n=147) of Q4 cases. Eighty percent of these were injecting drug users (n=118), 7% were born in endemic countries (n=10), 6% were likely to have been acquired sexually (n=9), 3% were infected through blood or blood products (n=5), 2% were acquired through vertical transmission (n=2) and 2% indicated tattooing/body piercing/acupuncture as a risk group. Where data were available on those infected through blood or blood products in Ireland, infection occurred many years in the past.

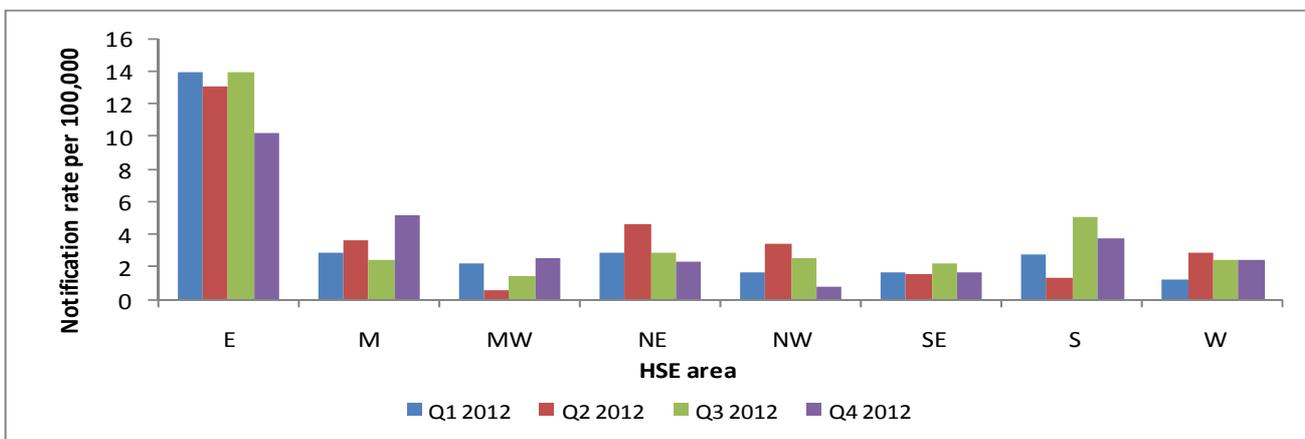


Figure 2. Hepatitis C notification rates per 100,000 population, by HSE area, Q1 2012 to Q4 2012

All data contained in this report are provisional (CIDR accessed 1st February 2013)

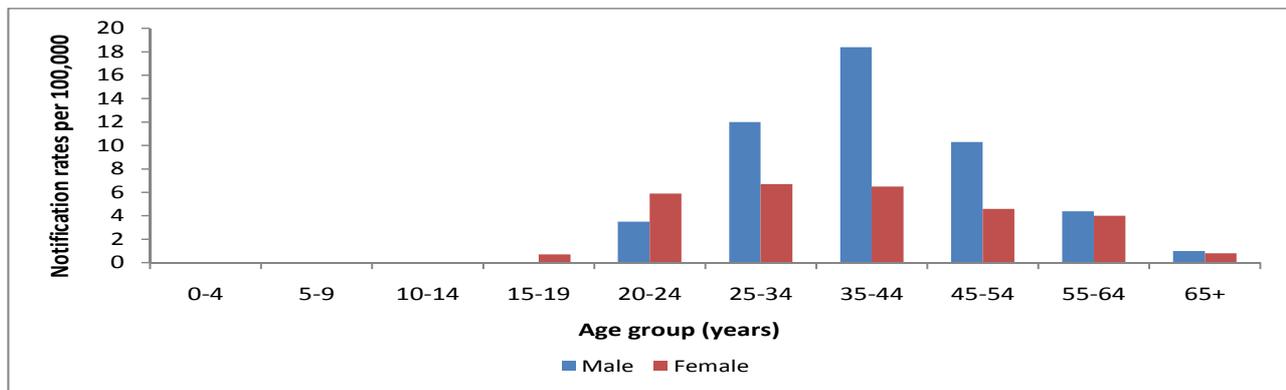


Figure 3. Age and sex specific rates per 100,000 population for hepatitis C notifications, Q4 2012

Summary of 2012 data (provisional)

There were 1044 hepatitis C notifications in 2012, which is an 18% decrease compared to 2011 (n=1272). Previous annual numbers have included cases diagnosed in the past, which were not previously notified. Decreasing hepatitis C notifications and increasing median age is indicative of a reduced incidence in the population.

Demographic and risk factor data in 2012 were similar to previous years. Sixty six percent of cases were male (n=689). The overall median age at notification was 37 years and 67% of cases were aged between 25 and 44 years. Risk factor data were available for 61% of the 2012 cases (n=637). Injecting drug use was the predominant risk factor identified (76%, n=486).

Hepatitis C 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 2012, there were fourteen co-infections of hepatitis C and HIV. Sixty four per cent (n=9) of these cases were male and the median age at notification was 34. Country of birth was known for 71% (n=10) of these cases, of which 5 were born in Ireland, 4 were born in central and eastern Europe and one case was from Asia. Risk factor was known for 50% (n=7) cases: sexual exposure accounted for 5 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 were seven co-infections of hepatitis C and B in 2012. Eighty six per cent of these cases were male (n=6) and the median age at notification was 34. Enhanced data were limited for these cases. Country of birth was known for 3 cases, one case was born in central Europe, one in Ireland and one in Asia. Risk factor data were available for 2 cases, one of which was an injecting drug user, the other being infected through sexual exposure. Two cases were co-infected with hepatitis C, B & HIV.

Acknowledgements

HPSC would like to thank all those who provided data for this report - Departments of Public Health, laboratories and clinicians. Report by Joanne Moran and Dr Lelia Thornton, 5th March 2013.

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)
- Detection of hepatitis C virus core antigen (HCV-core)
- 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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