



Report on Hepatitis C Notifications Quarter 2 2013



Health Protection Surveillance Centre

Summary

The number of hepatitis C notifications in Q2 2013 (n=188) has decreased by 24% compared to Q1 2013 (n=249) and is a 28% decrease compared to the same period last year (n=260). The overall numbers of hepatitis C notifications continue to be lower than the high notification rates of 2007 and 2008. However, the overall profile remains the same, Males accounted for 70% of all new cases. The median age at notification for males at 39 years was higher than that for females at 34 years. Where risk factor data were available, the vast majority of cases (70%) in Q2 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 188 notifications of hepatitis C in quarter 2 2013. This corresponds to a crude notification rate of 4.4 per 100,000 population and is a 24% decrease in notifications compared to quarter 1 2013 (n=249).

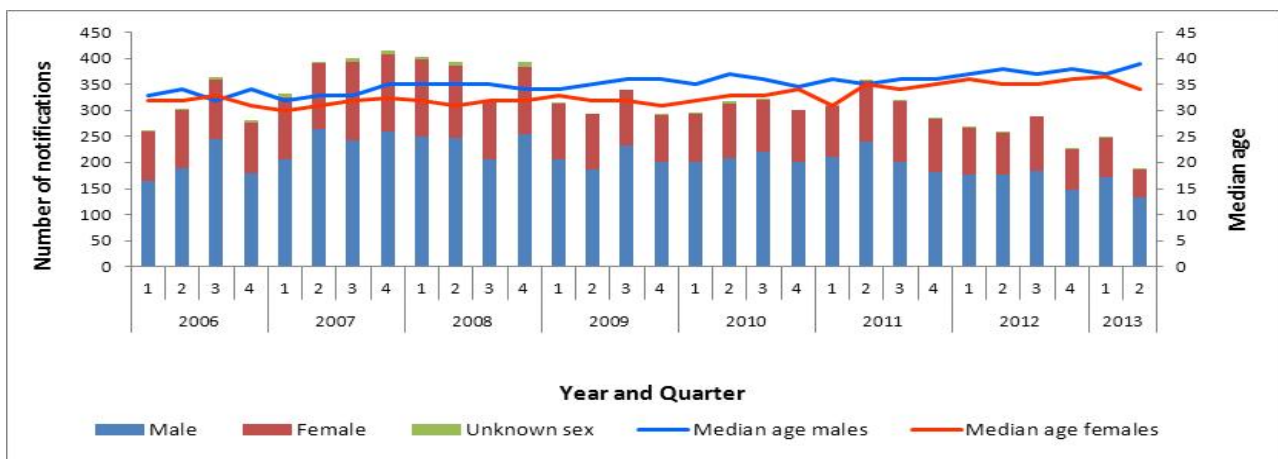


Figure 1. Number of notifications of hepatitis C and median age at notification, by sex, Q1 2006 to Q2 2013

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 one percent (n=134) of Q2 cases were reported by the HSE-East in 2013. This corresponds to a notification rate of 8.9 per 100,000 population.

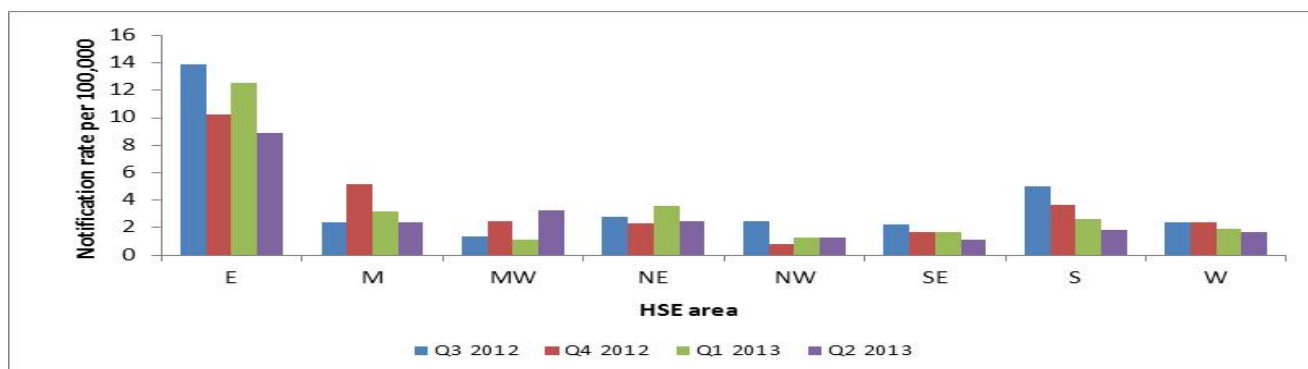


Figure 2. Hepatitis C notification rates per 100,000 population, by HSE area, Q3 2012 to Q2 2013

All data contained in this report are provisional (CIDR accessed 16th July 2013)

Age and sex

Seventy percent of hepatitis C cases in Q2 were male (n=132), 29% (n=55) were female and sex was not known for one case. The median age at notification was 39 years for males and 34 years for females. Sixty four percent (n=120) of cases were aged between 25 and 44 years (figures 1 & 3).

Risk factor data

Information on most likely risk factor was available for 64% (n=115) of Q2 cases. Seventy percent of these were injecting drug users (n=80), 9% were reported to have been acquired sexually (n=10), 7% were born in endemic countries (n=8), 3% (n=4) were infected through blood or blood products, 2.6% were acquired through vertical transmission (n=3), and 1.7% (n=2) indicated tattooing/body piercing/acupuncture as a risk factor. Where data were available on those infected through blood or blood products in Ireland, infection occurred many years in the past.

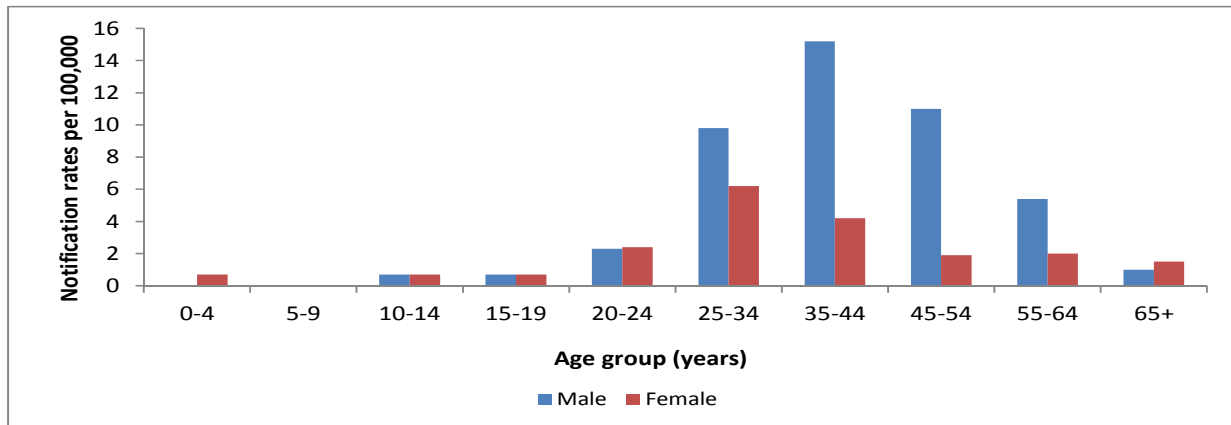


Figure 3. Age and sex specific rates per 100,000 population for hepatitis C notifications, Q2 2013

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 Q2 2013, there were three hepatitis C notifications where the person was also known to be HIV infected. Country of birth was known for two cases, both of which were born in countries endemic for hepatitis C and HIV.

Hepatitis C & hepatitis B co-infection can also lead to more severe liver disease and an increased risk of liver cancer. There were no newly diagnosed hepatitis C cases co-infected with hepatitis B detected during Q2 2013.

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)
- 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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