

## Health Protection Surveillance Centre

### 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). Prior to this, cases of hepatitis C could be notified as “viral hepatitis type unspecified”.

### Results

There were 225 notifications of hepatitis C in quarter 3 2013. This corresponds to a crude notification rate of 4.9 per 100,000 population. This is slightly higher than the 187 cases notified in Q2, but similar to Q1 (n=248). Hepatitis C notifications decreased significantly in 2012 (18%) and in 2013 to date (18%).

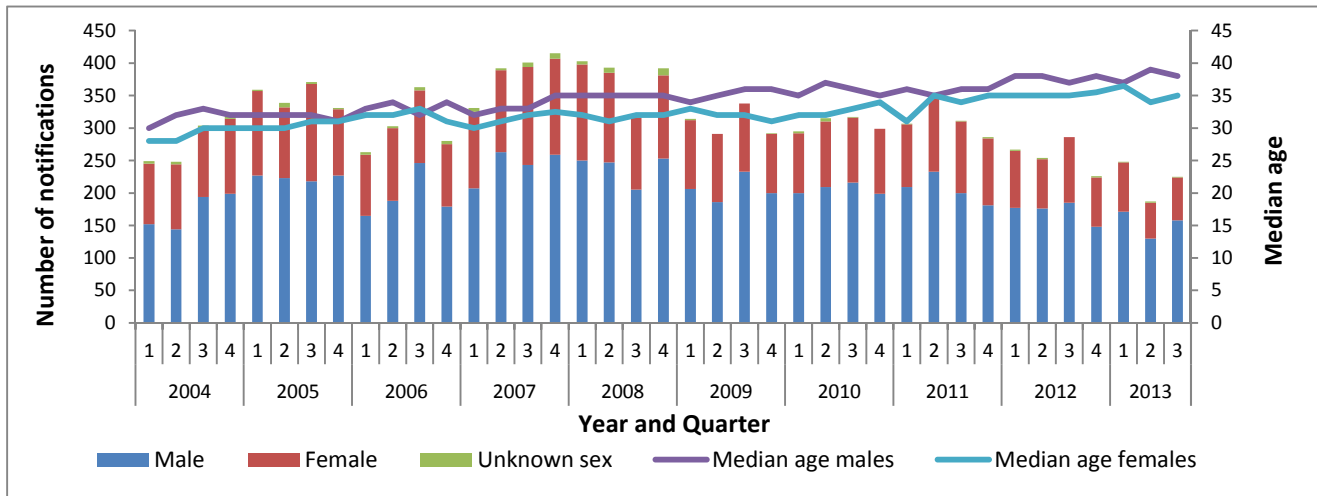


Figure 1. Number of notifications of hepatitis C and median age at notification, by sex, Q1 2004 to Q3 2013

### Geographic distribution

Notification rates for each HSE area for the past four quarters are shown in figure 2. The notification rate was significantly higher in HSE-E compared to the rest of Ireland. Sixty nine percent (n=156) of Q3 cases were reported by the HSE-East (9.6 per 100,000 population).

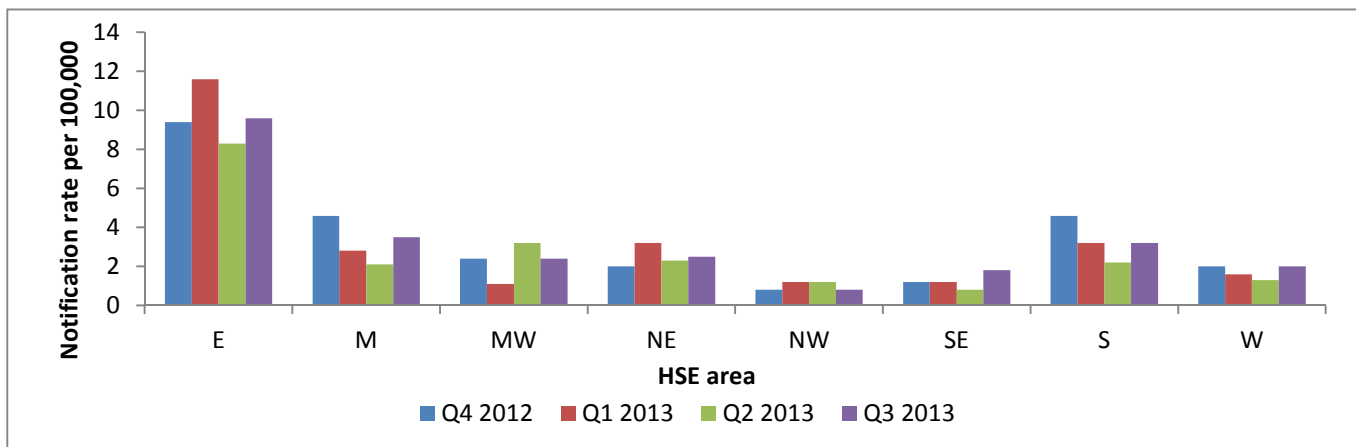


Figure 2. Hepatitis C notification rates per 100,000 population, by HSE area, from Q4 2012 to Q3 2013

All data contained in this report are provisional (CIDR accessed 11<sup>th</sup> January 2012)

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## Age and sex

Seventy one percent (n=158) of hepatitis C cases in Q3 were male and 29% (n=66) were female. The median age at notification was 38 years for males and 35 years for females. Eighty nine percent (n=201) of cases were aged between 25 and 54 years (figures 1&3).

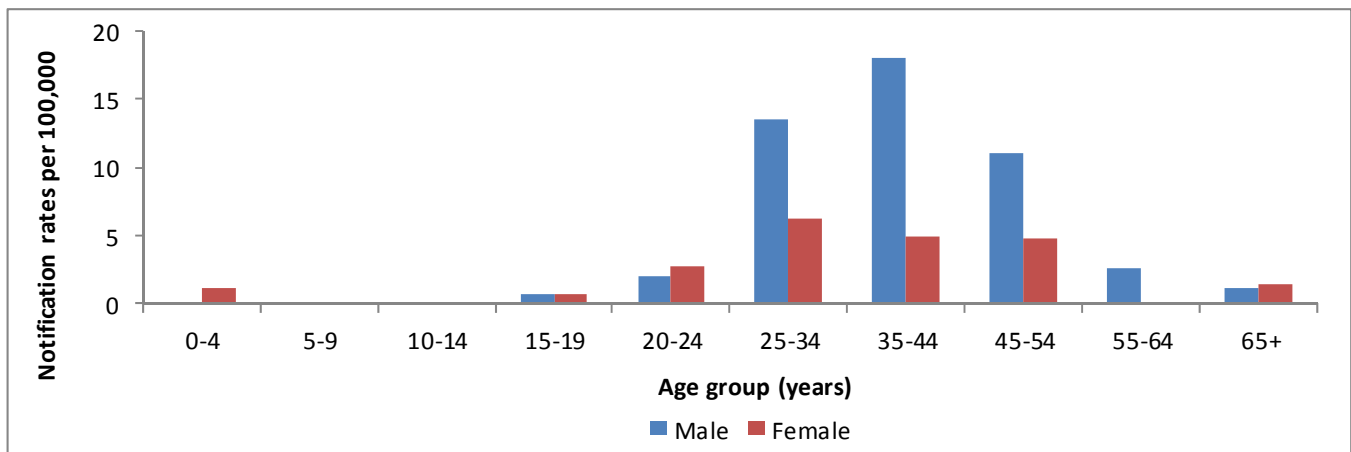


Figure 3. Age and sex specific rates per 100,000 population for hepatitis C notifications, Q3 2013

## Risk factor data

Information on most likely risk factor was available for 58% (n=131) of cases in Q3. Seventy percent (n=91) of these were injecting drug users, 13% (n=17) were born in hepatitis C endemic countries, 5% (n=6) were likely to have been infected sexually, 3% (n=4) reported exposure through tattooing/body piercing, 3% (n=4) were infected through contaminated blood/blood products, 2% (n=3) had non-occupational needlestick/blood exposures and 2% (n=2) were Irish-born babies who were vertically infected. Two of the cases infected through contaminated blood or blood products were infected outside of Ireland and the remaining two were infected in Ireland many years ago and notified for the first time in 2013.

## Co-infections

Seven of the hepatitis C cases notified in Q3 were co-infected with HIV and two were co-infected with hepatitis B. One of these was infected with all three viruses.

## Discussion

Hepatitis C notifications have been decreasing in recent years. Some of this decline may be explained by the introduction of new case definitions, explicitly excluding the notification of resolved cases, in 2012. Data completeness has also improved in recent years and this has facilitated better deduplication of notifications. However, overall indications are that the incidence of hepatitis C in Ireland is decreasing.

## Acknowledgements

HPSC would like to thank all those who provided data for this report - Departments of Public Health, laboratories and clinicians. Report by Niamh Murphy and Dr Lelia Thornton, 30<sup>th</sup> Jan 2014.

## 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)

#### 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:

- 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\*

#### 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

All data contained in this report are provisional (CIDR accessed 6<sup>th</sup> January 2014)

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