3.4 Hepatitis A

Summary

Number of cases, 2016: 38 Crude notification rate, 2016: 0.8/100,000 population Number of cases, 2015: 36

Hepatitis A is an acute self-limiting disease of the liver caused by the hepatitis A virus. The most common symptoms are fever, loss of appetite and nausea, followed within a few days by jaundice. Disease severity varies, with some people having a relatively mild disease course lasting one to two weeks and others having more severe and prolonged symptoms lasting several months. Many infected children are asymptomatic. Chronic infection does not occur. The virus is shed in the faeces of infected people and is primarily spread from person to person by the faecal-oral route (via hands or other objects or through food or water that has been contaminated with the faeces of an infected person, or directly through oral-anal contact).¹

Hepatitis A infection occurs worldwide, but the risk of infection varies with levels of sanitation and personal hygiene. Ireland is considered a low incidence country. Over the past decade the number of cases reported each year has ranged from 19 to 50. Most cases notified in Ireland have a history of recent



Figure 1. Number of hepatitis A notifications, by sex, 1997-2016



Figure 2. Notification rate for hepatitis A by HSE area, 2016

travel or are part of small family outbreaks, often including an index case who has travelled outside Ireland. There is a safe, effective vaccine for hepatitis A.¹

The incidence of hepatitis A in Ireland has been low in recent years and remained low in 2016, with 38 cases notified (0.8/100,000 population) (figure 1). This was very similar to 2015 (n=36, 0.8/100,000 population) and the average number of cases notified annually over the past ten years (mean: 36, median: 37). Case classification was reported for all cases and thirty seven (97%) were laboratory confirmed. The notification rate in each HSE area is shown in figure 2.

Forty two percent (n=16) of cases in 2016 were male and 58% (n=22) were female. The highest notification rates were in children and young to middle-aged adults, with 53% (n=20) of cases aged between 0 and 14 years and 39% (n=15) aged 25-44 years (figure 3).

There were 14 sporadic cases of hepatitis A in 2016 and 24 cases associated with nine distinct outbreaks. Eight of the sporadic cases were likely to have been infected outside Ireland and six were infected in Ireland. One of the cases infected in Ireland was linked to a household contact visiting from an endemic country. The index cases in eight of the nine outbreaks were infected outside Ireland. The one outbreak not associated with travel involved two children in HSE E and no source of infection was identified. Aside from Ireland, the most common countries of infection were Sudan (n=6, 4 cases associated with two outbreaks and 2 sporadic cases), Egypt (n=5, 4 linked cases and one sporadic case), Pakistan (n=4, 3 linked cases and 1 sporadic case) and Spain (n=3, 2 cases associated with an outbreak and 1 index case in an outbreak with additional cases infected in Ireland).

The figures presented in this summary are based on data extracted from the Computerised Infectious Disease Reporting (CIDR) System on 2nd October 2017. These figures may differ from those published previously due to ongoing updating of notification data on CIDR. Notification rates are expressed per 100,000 population and are calculated using the 2016 census.

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References

1. Health Service Executive. Immunisation Guidelines for Ireland. Hepatitis A August 2015. Available at: http://www.hse.ie/eng/health/immunisation/ hcpinfo/guidelines/CH8_Hepatitis_A.pdf



Figure 3. Hepatitis A age and sex-specific notification rates/100,000 population, 2016