

# 3.4 Hepatitis A

## Summary

Number of cases, 2012: 30  
 Crude notification rate, 2012: 0.7/100,000 population  
 Number of cases, 2011: 19

The incidence of hepatitis A in Ireland has been low in recent years and remained low in 2012, with 30 cases notified. This corresponds to a crude notification rate of 0.7/100,000 population and is higher than in 2011 when 19 cases were notified (figure 1). Case classification was reported for all cases. Twenty eight were laboratory confirmed and two were classified as probable.

Hepatitis A virus causes an acute, usually self-limiting disease of the liver. It is primarily transmitted from person to person via the faecal-oral route and is associated with poor hygiene and sanitation. Common source outbreaks due to contaminated food or water also occur.

Fifty seven percent of cases were female (n=17) and 43% were male (n=13). Most age groups were affected but the highest notification rates were in children (figure 2).

Eleven cases were linked to travel outside of Ireland and a further three cases had a history of recent travel outside of

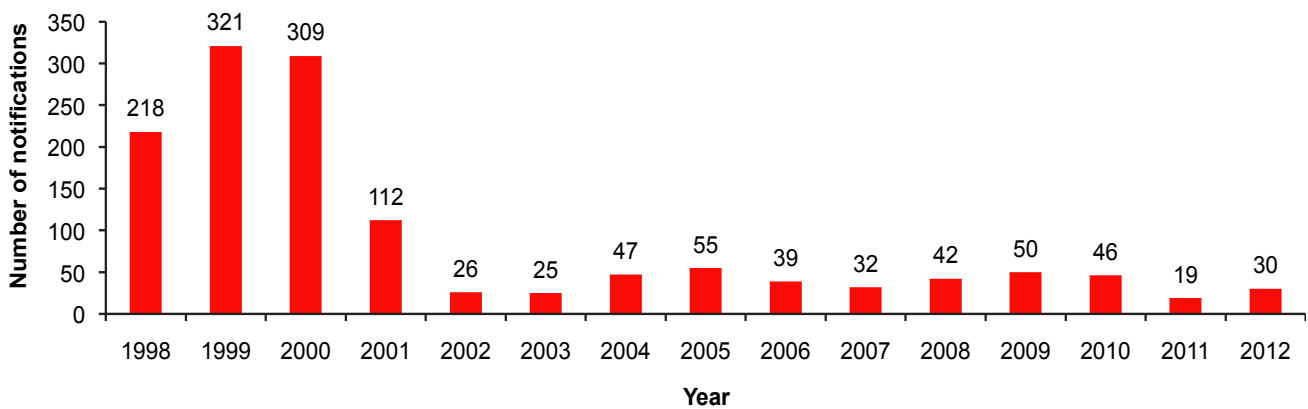


Figure 1. Number of hepatitis A notifications, 1998-2012

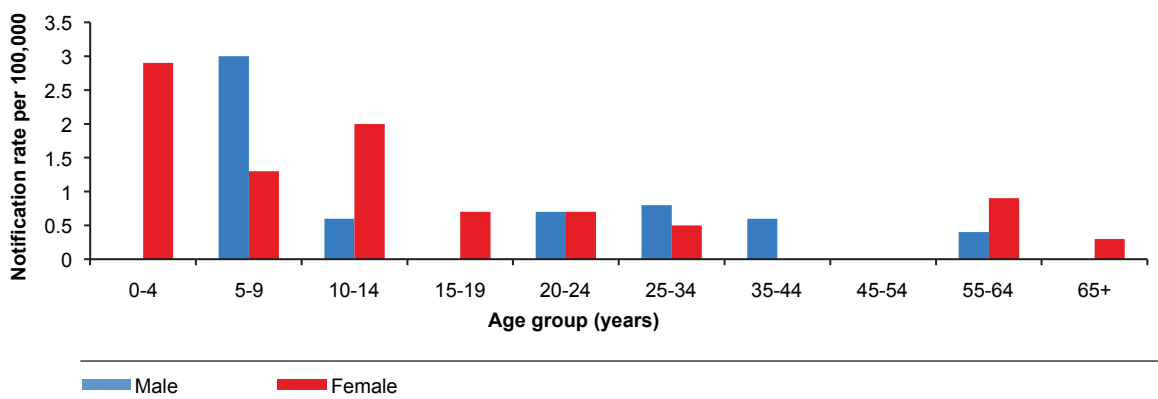


Figure 2. Age and sex-specific notification rates/100,000 population for hepatitis A, 2012

Ireland but could also have been infected in Ireland. Seven further cases were reported as infected in Ireland. Country of infection was not known for the remaining nine cases.

Four hepatitis A outbreaks were reported in 2012. One outbreak in the HSE-East involved two children and was associated with travel to Sudan. No source of infection was identified in a further outbreak affecting two children in the HSE-East, but this outbreak was not associated with travel. There were two outbreaks in the HSE-South, each involving two people. One involved adult household contacts, and the other involved young siblings. No source of infection was identified for either, but the cases were not associated with travel.

The figures presented in this summary are based on data extracted from the Computerised Infectious Disease Reporting (CIDR) System on 29<sup>th</sup> August 2013. These figures may differ from those published previously due to ongoing updating of notification data on CIDR.