



# Database News

Newsletter of the National Hepatitis C Database

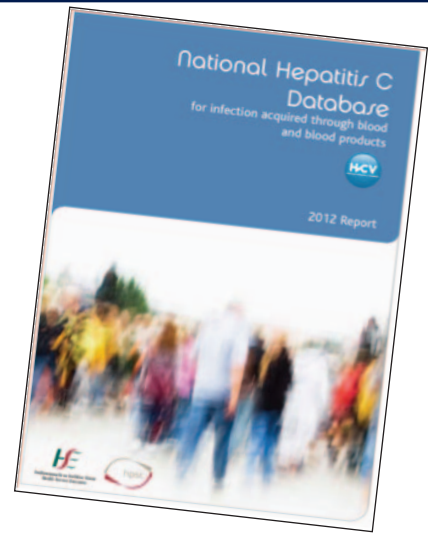
Issue 4 November 2012

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**Welcome to database news, the newsletter of the National Hepatitis C Database. This database collects important health information on people infected with hepatitis C through blood and blood products in Ireland.**

We would like to thank everyone who has consented to participate in the database. We also thank all those who have continued to support the development of the database, especially the staff of the hepatology units and the patient support groups.



### Background

The database was set up in 2004 and data collection began in 2005. The fourth round of data collection took place in 2010-2011, collecting data on patients up to the end of 31<sup>st</sup> December 2009. The full report based on this information is available online at [www.hpsc.ie](http://www.hpsc.ie). The results presented in this newsletter are a summary of the important findings.

**Recruitment to the database is ongoing and new participants are welcome to join the database at any time. Anyone who contracted hepatitis C through blood or blood products in Ireland is eligible to participate in the database.**



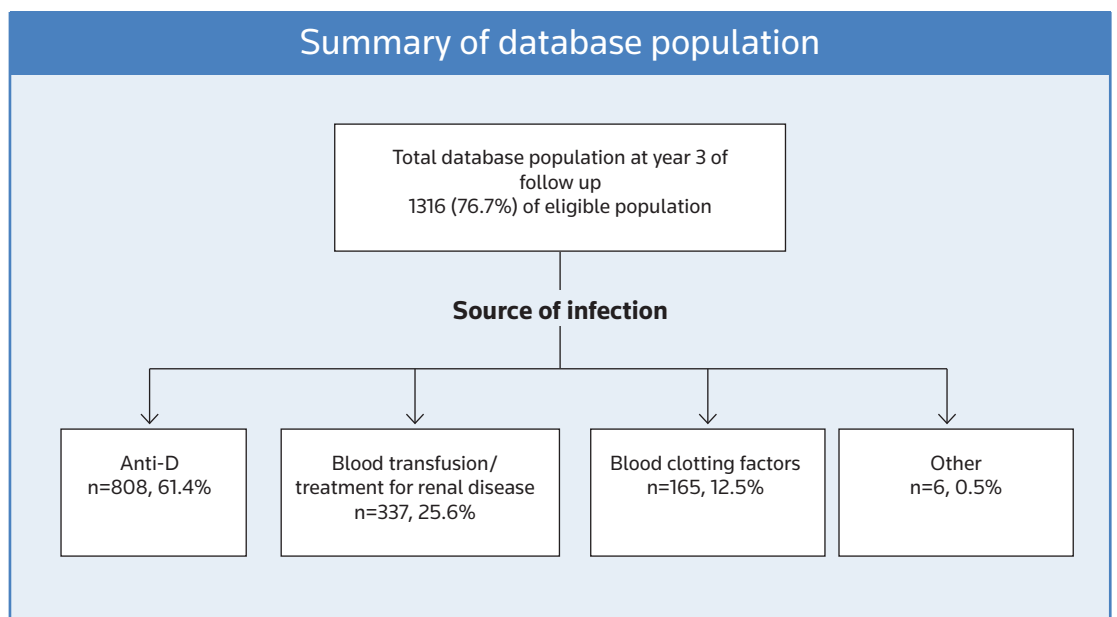
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Surveillance Centre,**

25-27 Middle Gardiner St,  
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Tel: 01-8765300

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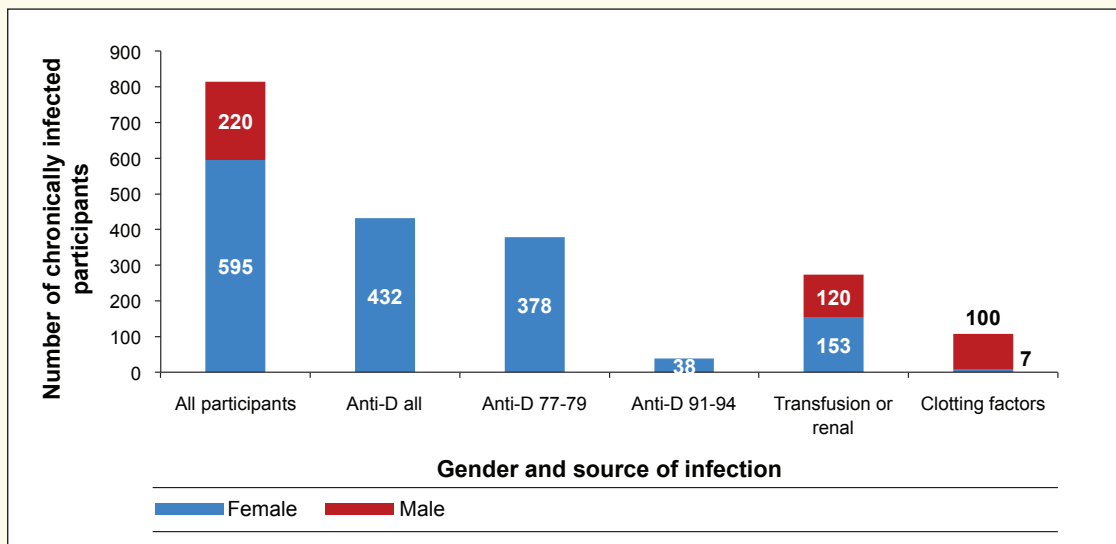
**Website:**  
[www.hpsc.ie](http://www.hpsc.ie)

**Database website:**  
[www.hcvdatabase.ie](http://www.hcvdatabase.ie)



**Figure 1.** Summary of database population

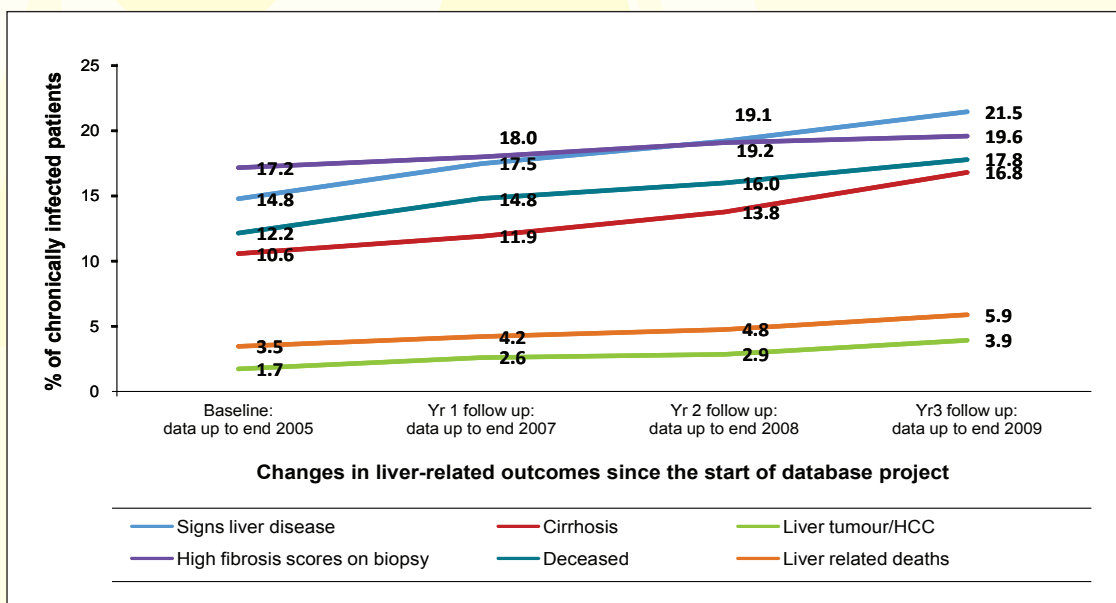
# Main findings so far



**Figure 2** Number of chronically infected participants by gender and source of infection (n=815)

## Disease progression

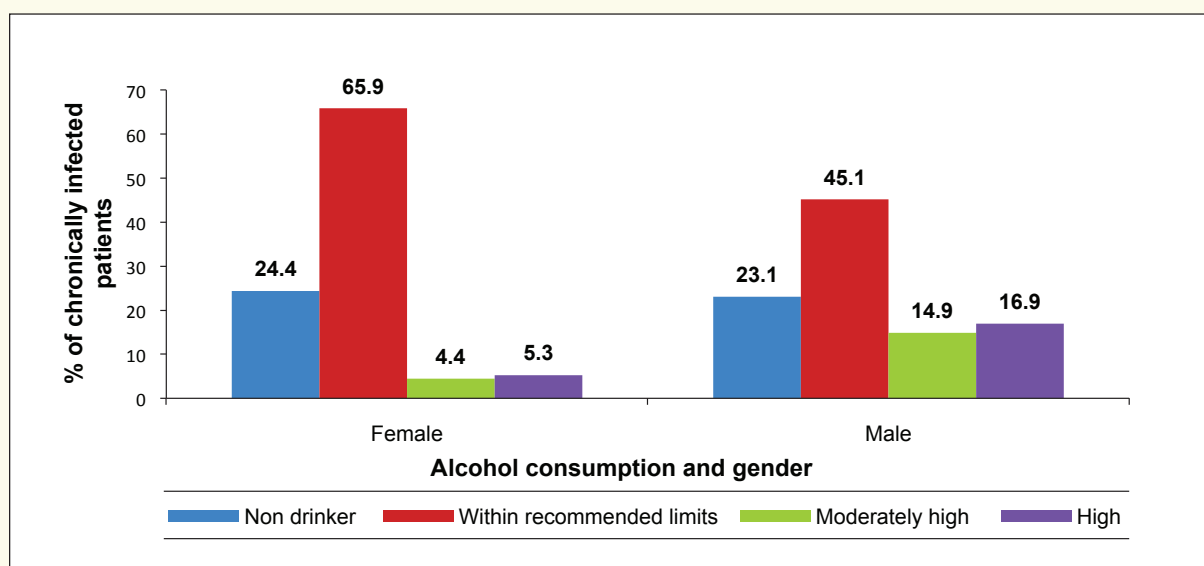
- There is no evidence of cirrhosis or hepatocellular carcinoma in those participants who never developed chronic infection
- Factors found to be associated with progression of liver disease in the chronically infected participants are male gender, duration of infection, older age, high alcohol intake and genotype 3 infection
- 17% (n=137) of ever chronically infected participants had developed cirrhosis
- For those who have developed cirrhosis, the average duration of infection at the estimated onset of cirrhosis was 24 years and the average age at cirrhosis was 53 years
- Alcohol consumption was the most important risk factor for cirrhosis in those with chronic infection
- 32 participants with chronic infection had developed HCC (liver cancer)
- The average time from the estimated date of diagnosis of cirrhosis to diagnosis of HCC was three years



**Figure 3** Changes in the prevalence of liver-related outcomes and deaths for chronically infected participants since baseline data were collected.

## Focus on different patient groups (by source of infection)

Anti-D	Blood transfusion/Renal	Blood clotting factors
<ul style="list-style-type: none"> <li>• All females</li> <li>• 1977-1979 (genotype 1) - lowest uptake of anti-viral HCV treatment</li> <li>• 1991-1994 (genotype 3) - highest uptake to anti-viral HCV treatment</li> <li>• Longest duration of chronic infection</li> <li>• Lowest prevalence of severe liver disease overall</li> <li>• Cirrhosis in 11% of chronically infected</li> </ul>	<ul style="list-style-type: none"> <li>• Significant proportions of both males and females</li> <li>• Highest prevalence of severe liver disease in spite of having the shortest duration of infection at end of latest follow up</li> <li>• 26% cirrhosis in those with chronic infection</li> </ul>	<ul style="list-style-type: none"> <li>• Predominantly male</li> <li>• Prevalence of severe liver disease is high</li> <li>• 16% of those with chronic infection diagnosed with cirrhosis</li> <li>• 47% - HIV positive</li> <li>• 50% of those with chronic infection have received anti-viral treatment</li> </ul>



**Figure 4** - Distribution of the highest reported alcohol consumption by gender for participants who became chronically infected.

Within recommended limits: 14 units for female, 21 units for male, per week

Moderately high: 15-40 units for female, 22-40 units for male, per week

High: >40 units, per week

Note: Safe levels of alcohol consumption for people with hepatitis C infection are unclear

## Alcohol

- Participants who had high alcohol intake had more than five times higher risk of having severe liver disease compared to those without high intake
- Younger participants and males were more likely to drink alcohol in excess of recommendations

## Treatment

- 42% of participants with chronic infection have received at least one course of anti-viral treatment
- The uptake of HCV treatment has been higher in genotype 2 and 3 participants (69%), with only 35% of genotype 1 participants having been treated
- For those whose first course of treatment was pegylated interferon and ribavirin, viral clearance was achieved in 73% of genotype 2 or 3, and in 41% of genotype 1 participants



L-R: Michele Tait, Michelle Hayes and Antoinette Kelly.

## What can you do to improve your health?

- Consider treatment if your consultant hepatologist recommends it
- Decrease or give up alcohol altogether
- Maintain a healthy weight. Please ask for your weight to be recorded at routine clinic appointments
- Live a healthy lifestyle

**Please contact your hepatology unit if you have not yet consented to the database and would like to. If you have any queries about the database or you have suggestions about specific issues please contact HPSC or the patient support groups. We welcome all suggestions.**

**Database website: [www.hcvdatabase.ie](http://www.hcvdatabase.ie)**

## Support & Contact Information

### Support Groups

#### Positive Action

56 Fitzwilliam Square, Dublin 2.  
Tel: 01-676 2853. Fax: 01-662 0009.  
Website: [www.positiveaction.ie](http://www.positiveaction.ie)

#### Transfusion Positive

3 Clanwilliam Square, Dublin 2.  
Tel: 01-639 8855. Fax: 01-639 8856.  
Website: [www.transfusionpositive.ie](http://www.transfusionpositive.ie)

#### Irish Haemophilia Society

First Floor, Cathedral Court, New St, Dublin 8.  
Tel: 01-657 9900. Fax: 01-657 9901.  
Email: [info@haemophilia.ie](mailto:info@haemophilia.ie)  
Website: [www.haemophilia.ie](http://www.haemophilia.ie)

#### Irish Kidney Association

Donor House, Block 43a Park West, Dublin 12.  
Tel: 01-620 5306. Fax: 01-620 5366. Locall: 1890-543 639,  
E-mail: [info@ika.ie](mailto:info@ika.ie)  
Website: [www.ika.ie](http://www.ika.ie)

### HPSC: HCV Database Team

Dr Lelia Thornton, Project Co-ordinator  
Ms Niamh Murphy, Surveillance Scientist  
Ms Paula Flanagan, Research Nurse  
Ms Margaret McIver, Surveillance Assistant



#### HPSC-Health Protection Surveillance Centre

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Database website: [www.hcvdatabase.ie](http://www.hcvdatabase.ie)