



ACUTE AND CHRONIC HEPATITIS C, 2000-2001

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ACUTE HEPATITIS C

In 2000 and 2001, the Department of Epidemiology received 15 and eight notifications respectively, of patients diagnosed with acute hepatitis C virus (HCV). Out of a total of 23 patients, 17 (74%) were male and 26 (30%) female. The median age was 32 years (20-54 years). Ten (43%) patients were aged between 20 and 29 years, and 15 (67%) patients were aged between 25 and 44 years. A total of 10 (43%) patients were from Funen, four from Greater Copenhagen and nine from Jutland. A total of 21 (91%) patients were born in Denmark and two (9%) patients were Asian. For patients with a known mode of transmission, IV drug abuse was specified in 80% (12/15). Needle-stick/cut injury was specified in two cases, and one was thought to have been infected through heterosexual contact. There was no report of patients suspected of being infected through blood transfusion. In 35% (8/23) of patients, the mode of transmission was unknown.

CHRONIC HEPATITIS C

Chronic HCV infection has been notifiable since May 2000. Patients diagnosed before that date are not included. A total of 469 patients were diagnosed and notified during the period 1 May 2000 to 31 December 2001: 347 (74%) males and 122 (26%) females with a M:F ratio of 2.8:1. The median age for males was 35 years (4-59 years), and for females 38 years (17-80 years). The age distribution is shown in [table 1](#). Seventy per cent of the patients were aged between 25 and 44 years.

Table 1. Notified cases of chronic HCV 2000-2001, by gender and age

Age (yrs)	2000		2001	
	M	F	M	F
0-14	0	0	1	0
15-19	2	0	2	1
20-24	14	5	15	2
25-29	31	6	32	9
30-34	32	14	37	8
35-39	29	11	27	13
40-44	26	14	28	10
45-49	17	10	27	9
50+	12	6	15	4
Total	163	66	184	56

Distribution by county of residence is shown in [table 2](#). The rate for the eight months of 2000 has been extrapolated to 12 months. In both years, the rate was highest in the county of Funen with more than double that of

Table 2. Notified patients diagnosed with chronic HCV, and rate per 10⁵ 2000-2001, by county of residence

County	No. (per 10 ⁵ per year)			
	2000		2001	
Cph. Munic.	34	(10.3)	19	(3.8)
Frb. Munic.	2	(3.3)	1	(1.1)
Copenhagen	12	(2.9)	9	(1.5)
Frederiksborg	10	(4.1)	9	(2.4)
Roskilde	6	(3.9)	3	(1.3)
West Zealand	10	(5.1)	6	(2.0)
Storstrøm	11	(6.4)	5	(1.9)
Bornholm	4	(13.5)	1	(2.3)
Funen	41	(13.0)	65	(13.8)
South Jutland	5	(3.0)	1	(0.4)
Ribe	10	(6.7)	19	(8.5)
Vejle	12	(5.2)	28	(8.0)
Ringkøbing	7	(3.8)	7	(2.6)
Aarhus	16	(3.8)	28	(4.4)
Viborg	7	(4.5)	9	(3.8)
North Jutland	8	(2.4)	17	(3.4)
Other	1	-	0	-
Unknown	33	-	13	-
Total	229	(6.4)	240	(4.5)

the national average. For more information on patients notified with both chronic HCV and acute or chronic HBV, refer to EPI-NEWS 42+34/02.

Nationality

Of the patients notified, 422 (90%) were born in Denmark, and 47 (10%) were immigrants. Of those born in Denmark, 314 (74%) were male and 108 (26%) female. Among immigrants, 33 (70%) were male and 14 (30%) female. A total of 20 (43%) immigrants were from Europe, and 19 (40%) from Asia. Four were from Africa, two from America, and in two cases the country of origin was not stated.

Transmission

For patients with a known mode of transmission, IV drug abuse was by far the most commonly reported, (91%), [table 3](#). Of these, homosexual and heterosexual contact, in one and two patients respectively, were also specified as possible modes of transmission. Among the ten patients who were thought to have been infected through heterosexual contact, seven were sexually exposed to a person with a known risk of HCV. A total of 17 were thought to have been infected nosocomially. Twelve were thought to have been infected abroad, including one Danish-born person infected through blood trans-

fusion. The 11 immigrants infected in hospitals abroad were infected either through blood transfusion or through non-sterile injections. Five patients were infected in Denmark through blood transfusion, all of them Danish-born and all infected before 1991. In one case it was stated that the donor was subsequently identified. In 9% (8/23) of patients, the mode of transmission was unknown. A total of six Danish-born patients were thought to have been infected abroad. Eight immigrants were infected in Denmark, five through drug abuse.

Table 3. Notified cases of chronic HCV 2000-2001, by mode of transmission

Mode of infection	2000	2001
Drug abuse	193	195
Nosocomial	9	8
Heterosexual	6	4
Tattooing/piercing	1	7
Needle stick/cut	0	2
Mother-to-child	1	0
Close social contact	0	1
Unknown	19	23
Total	229	240

Comments

HCV is a blood-borne virus that can be transferred percutaneously via blood, with IV drug abuse being the most common mode of transmission. Occasionally, patients have been infected with HCV by means of blood transfusion prior to the introduction of donor blood screening for anti-HCV in 1991. Infection with HCV usually has a subclinical course. If the primary infection is symptomatic, these symptoms are often atypical, and therefore acute hepatitis C is often unsuspected. About 70% of those infected with HCV develop chronic infection. Chronic HCV infection is notifiable on detection of the presence of HCV-RNA for more than 6 months, or if HCV-RNA is detected in a single test along with the detection of histological changes. However, the Department of Epidemiology also recommends notification of cases where e.g. anti-HCV has been detected even on a single occasion. In some counties, many patients with chronic HCV were notified, this probably reflects differences in numbers of IV drug abusers, frequency of testing and notification practices in the individual counties.

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Patients with confirmed *Listeria monocytogenes* infection

3rd quarter of 2002 compared with 3rd quarter of 2001, and 2001, whole year

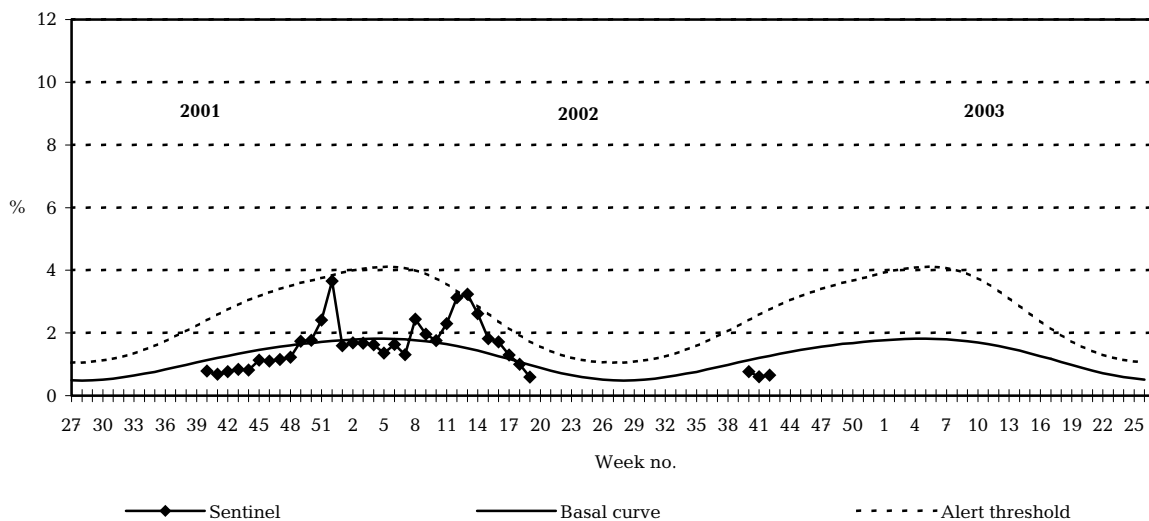
	3rd quarter 2002	3rd quarter 2001	Total 2001
Mother/child infection	-	-	3
Septicaemia	8	5	25
Meningitis	4	-	10
Other	2 *	-	-
Total	14	5	38

* Peritonitis, urine

(Dept. of G-I Infections)

Sentinel surveillance of influenza activity

Weekly percentage of consultations, 2001/2002/2003



Sentinel: Influenza consultations as percentage of total consultations

Basal curve: Expected frequency of influenza consultations under non-epidemic conditions

Alert threshold: Possible incipient epidemic

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