



Public Health  
England

Protecting and improving the nation's health

# Laboratory reports of hepatitis A and C in England and Wales: July to September 2018

Health Protection Report  
Volume 13 Number 3  
25 January 2019

# Laboratory reports of hepatitis A infections: July to September 2018

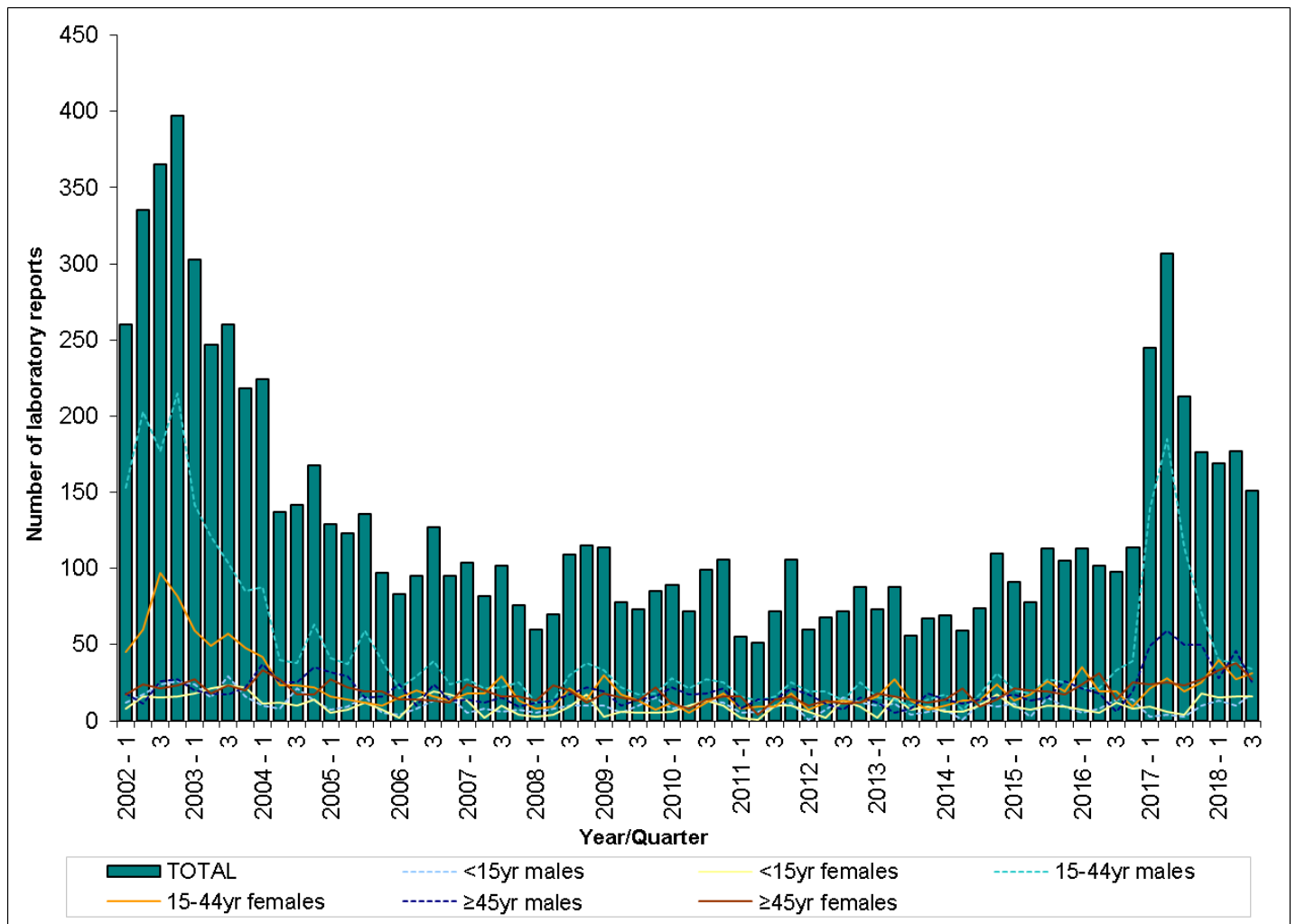
There were a total of 151 laboratory reports of hepatitis A reported to Public Health England (PHE) during the third quarter of 2018 (July – September 2018). This is a 14.7% decrease on the reports in the second quarter of 2018 (n=177), (Figure 1).

Over 35.1% (n=53) of the reports were reported from London PHE region followed by 15.2% (n=23) from the East of England region. Age-group and sex were well reported (100% complete) (Table 1). There were 65 (43.0%) reports among the 15-44 years, and 52 (34.4%) reports were among those aged 45 years and over age group. Males also accounted for the majority of reports (52.3%) in those aged 15-44 years. Whereas females accounted for the majority of reports (52.0%) in the under 45 years and over age group.

**Table 1: Laboratory reports of hepatitis A in England and Wales, July – September 2018**

Age group	Female	Male	Unknown	Total
<1 years	0	0	0	0
1-4 years	4	5	0	9
5-9 years	6	7	0	13
10-14 years	6	6	0	12
15-24 years	11	18	0	29
25-34 years	12	7	0	19
35-44 years	8	9	0	17
45-54 years	7	6	0	13
55-64 years	5	6	0	11
>65 years	15	13	0	28
<b>Total</b>	<b>74</b>	<b>77</b>	<b>0</b>	<b>151</b>

**Figure 1: Laboratory reports of hepatitis A by age and sex (England and Wales), January 2002 to September 2018**

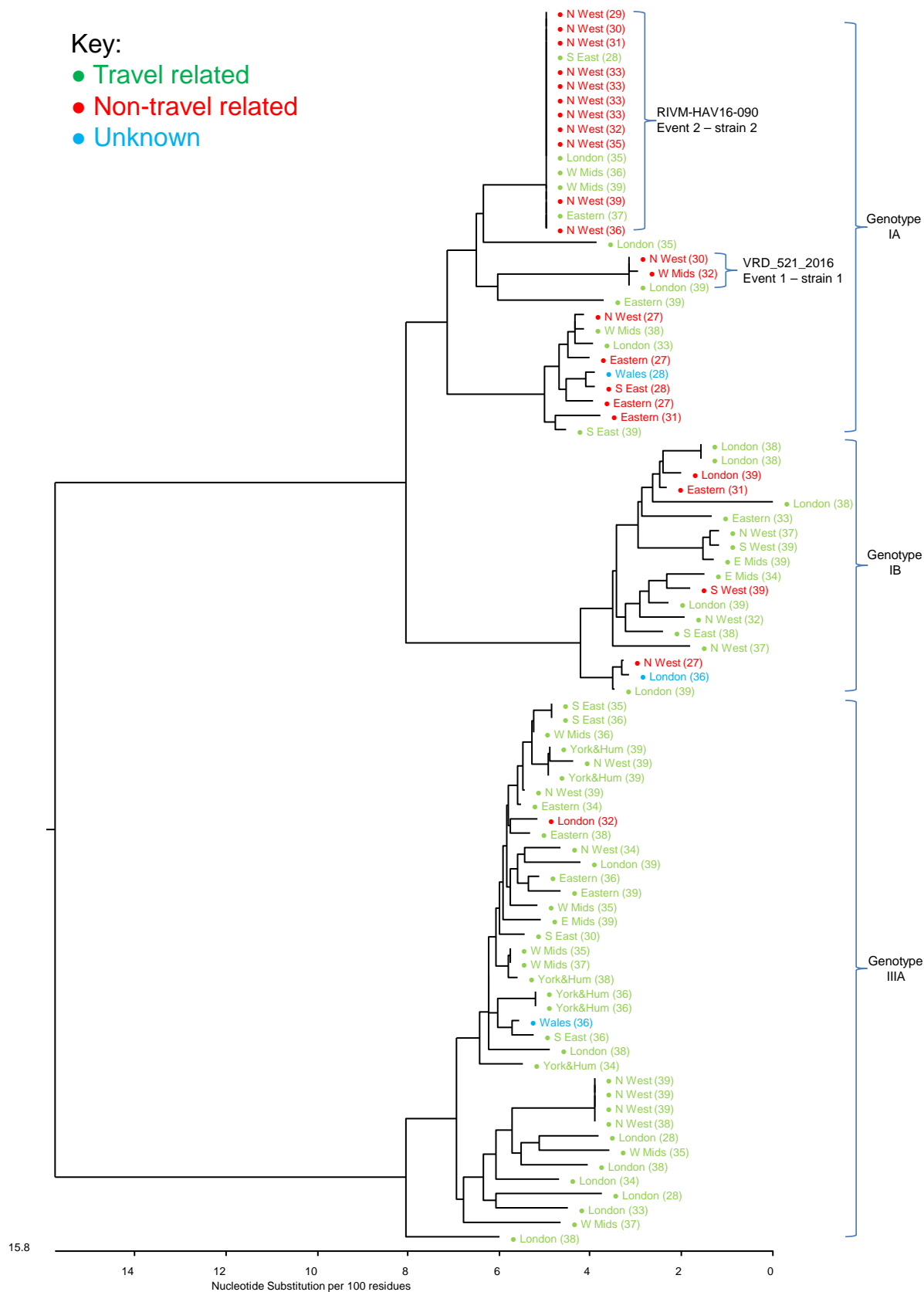


# Reference laboratory confirmation and phylogeny of hepatitis A infection

Of the 151 patients notified as having acute HAV infection during the third quarter of 2018, 103 (68.2%) had samples forwarded to the Virus Reference Department for confirmation. Thirty eight of the patients were not confirmed to have acute HAV infection. The remaining 65 patients were confirmed to have acute HAV infection. In addition 25 patients were confirmed to have acute HAV infection that had not been reported through the laboratory reporting system although all the English cases were recorded in HPzone.

A total of 86 patients could be genotyped over this period; 30 were genotype IA (34.9%), 18 were genotype IB (21%) and 38 were genotype IIIA (44.1%). Of these samples 62 were associated with travel (72.1%), 21 had no travel history (24.4%) and three had no information (3.5%). This information is presented as a phylogenetic tree. Each sequence is represented by a dot with the patient region and the week of sampling in brackets.

**Phylogenetic tree of genotype IA, IB, and IIIA sequences July to September 2018 (n=86)**



# Laboratory reports of hepatitis C: July and September 2018

Between July and September 2018 a total of 2529 laboratory reports of hepatitis C were reported to PHE. There was a 4.7% decrease in the number of reports compared to the second quarter of 2018 (n=2655), and a 8.3% decrease on the same quarter in 2017 (n=2758).

Age and sex were well reported (>98.7% complete). Where known males accounted for 68.3% (1706/2498) of reports which is consistent with previous quarters and years [1]. Adults aged 25-44 years accounted for 49.8% of the total number of hepatitis C reports.

Age group	Male	Female	Unknown	Total
1-4 years	0	2	0	2
5-9 years	2	0	0	2
10-14 years	0	1	0	1
15-24 years	55	44	1	100
25-34 years	352	187	4	543
35-44 years	503	200	3	706
45-54 years	456	156	3	615
55-64 years	224	115	3	342
>65 years	111	84	1	196
Unknown	3	2	17	22
<b>Total</b>	<b>1706</b>	<b>791</b>	<b>32</b>	<b>2529</b>

## Notes

Individuals aged less than one year are excluded since positive tests in this age group may reflect the presence of passively-acquired maternal antibody rather than true infection or exposure to infection.

Laboratory reports are not reliable for differentiating acute and chronic hepatitis C infections. Laboratory reports include individuals with a positive test for hepatitis C antibody, antigen and/or detection of hepatitis C RNA.

A small proportion of these specimens are diagnosed following dried blood spot (DBS) testing however not all DBS testing is reported by laboratories.

Laboratory reports are presented by Operations Delivery Network (ODN). ODNs were launched in April 2013 following the publication of the NHS England strategy to sustain and develop clinical networks.

ODNs are the networks through which hepatitis C treatment is being delivered across England.

Between July and September 2018, 2513 out of 2529 individuals have been allocated to an ODNs.

Primary ODN	Total
Barts	107
Birmingham	174
Bristol and Severn	137
Cheshire and Merseyside	46
Eastern Hepatitis Network	191
Greater Manchester and Eastern Cheshire	187
Humberside and North Yorkshire	76
Kent Network via Kings	28
Lancashire and South Cumbria	118
Leicester	79
North Central London	150
North East and Cumbria	202
Nottingham	111
South Thames Hepatitis Network	246
South West Peninsula	16
South Yorkshire	115
Surrey Hepatitis Services	16
Sussex Hepatology Network	93
Thames Valley Hep C ODN	42
Wessex Hep C ODN	68
West London	181
West Yorkshire	130

Notes

ODNs are based on NHS England Clinical Commissioning Groups (CCGs) geographic boundaries. NHS England allocates a primary or lead ODN for CCGs which may cross two ODNs. Bristol and Severn, Surrey Hepatitis Services, Sussex Hepatology Network and North East and Cumbria were ODNs which between them had 42 individuals that could also be assigned to a second ODN.

1. Laboratory reports of hepatitis C in England and Wales, 2017, Public Health England  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/730074/hpr2718\\_hcv-nnl.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/730074/hpr2718_hcv-nnl.pdf)

# About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

## *About Health Protection Report*

*Health Protection Report* is a national public health bulletin for England and Wales, published by Public Health England. It is PHE's principal channel for the dissemination of laboratory data relating to pathogens and infections/communicable diseases of public health significance and of reports on outbreaks, incidents and ongoing investigations.

Public Health England, Wellington House, 133-155 Waterloo Road, London SE1 8UG

Tel: 020 7654 8000 [www.gov.uk/phe](http://www.gov.uk/phe)

Twitter: [@PHE\\_uk](https://twitter.com/PHE_uk) Facebook: [www.facebook.com/PublicHealthEngland](https://www.facebook.com/PublicHealthEngland)

Queries relating to this document should be directed to: the Immunisation, Hepatitis and Blood Safety Department, National Infection Service, 61 Colindale Avenue, London NW9 5EQ.

[immunisation@phe.gov.uk](mailto:immunisation@phe.gov.uk)

© Crown copyright 2018

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit [OGL](https://www.ogil.io) or email [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk). Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published **January 2019**

PHE publications

gateway number: **2018762**

PHE supports the UN

Sustainable Development Goals

