

ACM/766A

ADVISORY COMMITTEE ON THE MICROBIOLOGICAL SAFETY OF FOOD

DISCUSSION PAPER

Hepatitis E

The Health Protection Agency provided the attached summary of human hepatitis E surveillance summary for the last meeting of the Epidemiology of Foodborne Disease Group which took place in October 2005.

Dr David Brown will update Members on any recent developments.

Secretariat
November 2005

Human Hepatitis E surveillance summary

Early 1990s	Reports of Hep E in people with no history of recent travel abroad reported in developed countries
1996	The then CPHL introduced serodiagnosis for Hep E in referred samples from patients with suspected acute non-A, non-B hepatitis
1996-2003	186 / 478 (38%) serum samples positive (mean 23 cases p/a) 129 (69%) travel to hyperendemic countries (Indian subcontinent) 8 (4%) travel to non-hyperendemic countries (Med basin 63%) 17 (9%) no foreign travel 32 (17%) travel history unknown Non-travel older (65+yrs) living in coastal or estuarine areas not of South Asian ethnicity infected by genotype 3 strains of HEV (closely related to British pigs)

(ref: Ijaz et al, JID, 2005; 192:1166–72)

2005	Enhanced surveillance between January & June descriptive epidemiology proportion of uk-acquired infections investigate possible risk factors for infection. nation-wide procedures for testing/specimen referral investigated Cfl Virus Reference Division and the Birmingham Regional Laboratory only laboratories with the capability for Hepatitis E virus testing Referral of specimens was found to vary widely. 181 reports received from 1 st Jan to 30 th June (more than expected) 23 (13%) non travel-associated cases (larger proportion) Male >65yrs Distinct geography (South/South West/West) Similar proportion inland : coastal/estuarine Risk factors: Occupational exposure to animals Eating pigs liver Contact with animals
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Enhanced surveillance continuing until the end of 2005

(ref: Hannah Lewis MSc dissertation)

Conclusions:

- Hepatitis E is an underascertained cause of morbidity and mortality in England and Wales
- Alternative route of transmission exist in endemic / non-endemic countries, with multiple sources of exposure to HEV in the UK
- Standardisation of referral procedures, further enhanced surveillance and activities to increase awareness are required.