

Ireland

Population (January 2013):	4 591 087
Human development Index (2013):	0.899
HAV vaccine recommendations:	Hepatitis A vaccine is not part of the routine childhood immunisation programme. The vaccine is recommended for: <ol style="list-style-type: none"> 1. travellers 2. persons with chronic liver disease, solid organ transplant recipients 3. haemophiliacs 4. PWID 5. MSM 6. institutionalised patients; people with occupational exposure, e.g. laboratory workers, sewage workers 7. close contacts of adoptees from countries with high or intermediate hepatitis A endemicity 8. for outbreak control.
Seroprevalence studies by quality score:	score 0: 2 study score 1: 0 studies score 2: 0 studies
Seroprevalence studies timeframe:	1985–1997

Seroprevalence assessment*: **very low**

Incidence assessment: **very low**

Susceptibility in adults: **high**

*this assessment is based on data from 1997 and supported by current incidence levels

Only two studies were retrieved on HAV seroprevalence in Ireland. The first, conducted in 1985 among children, provides a HAV seroprevalence estimate of 23% by the age of 14 years. The second study reported seroprevalence upto 40% in the age group 20–29 years, and 71% in the age group 30–39 yrs in 1997 (Ireland_Figure 1). As more recent data are not available, and even though data are scarce, Ireland has been classified as a very low endemicity country based on data from the late 1990's.

Ireland_Table 1. Hepatitis A seroprevalence level by time period

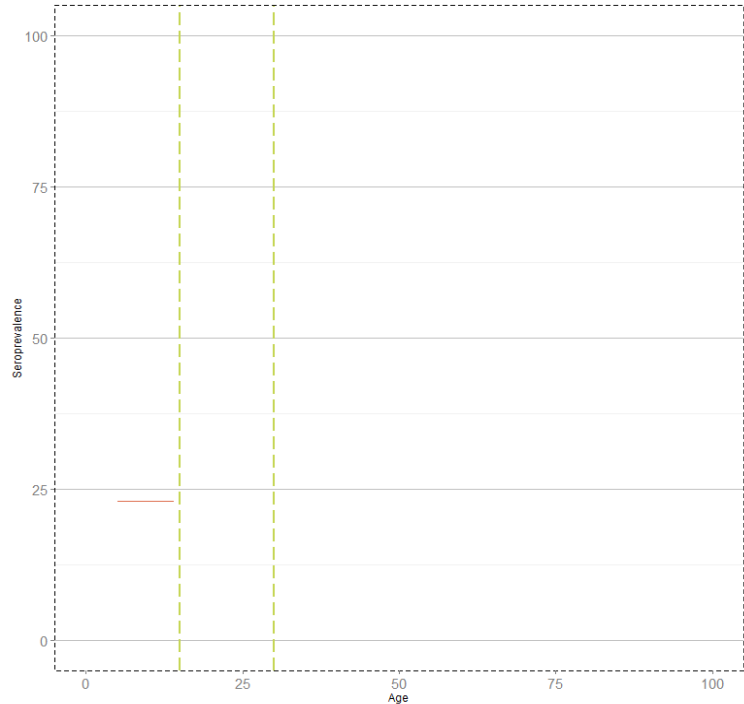
	Very low endemicity	Low endemicity	Intermediate endemicity
1975–1989			
1990–1999			
2000–2013			

Reported hepatitis A incidence between 2006 and 2012 was below 1 case per 100 000 for most of the period, with no evidence of disease outbreaks as clearly shown in Ireland_Figure 2. Such level of incidence, combined with seroprevalence assessed in 1997, suggest that Ireland could have recently transitioned towards very low endemicity.

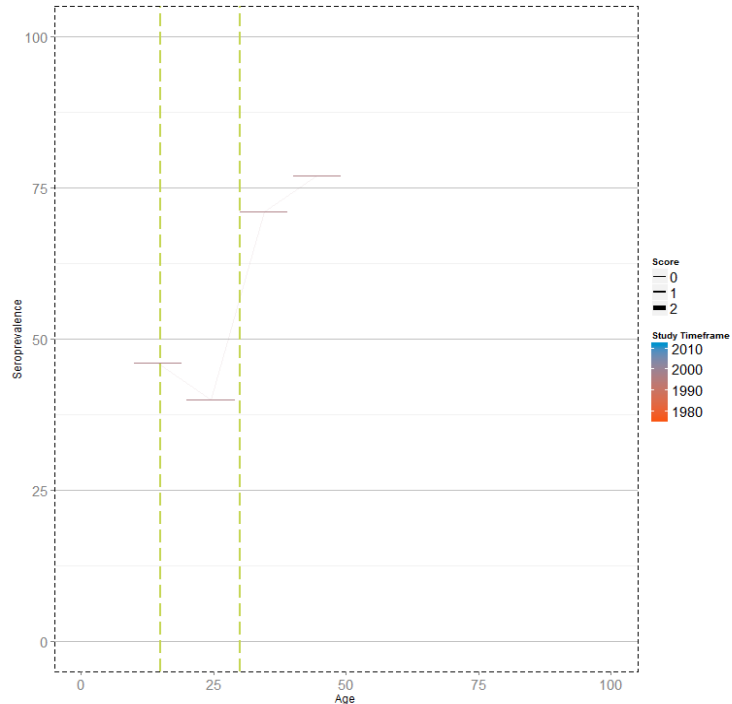
Estimated susceptibility in 1997 was around 50% at 30 years and around 20% at 50 years. At that time the susceptibility among adults was considered moderate. Considering the very low incidence profile of the country in the last decade, and the absence of sustained circulation of the virus, the susceptibility among adults is likely to be high in the present situation.

Ireland_Figure 1 (panel a). Summary of seroprevalence in Ireland, by age and time period.

Panel a.1: 1975–1989



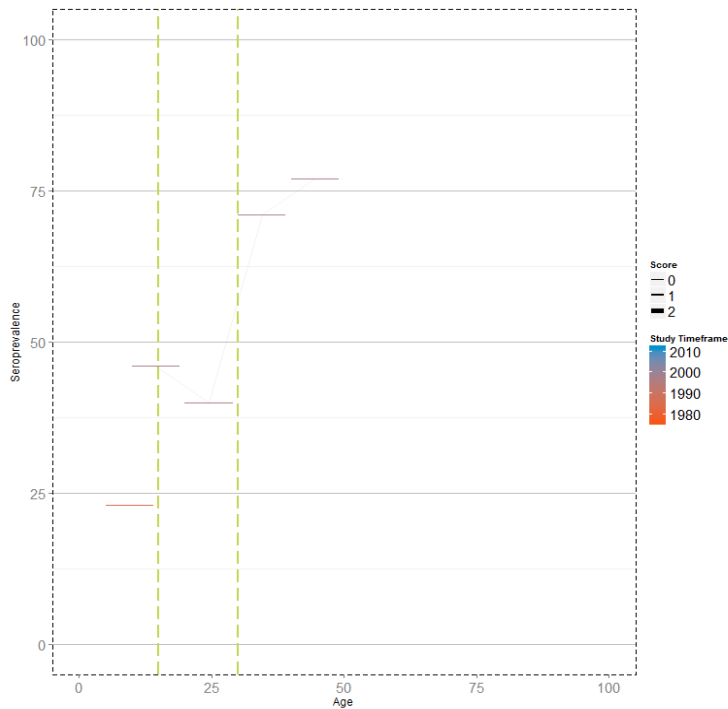
Panel a.2: 1990–1999



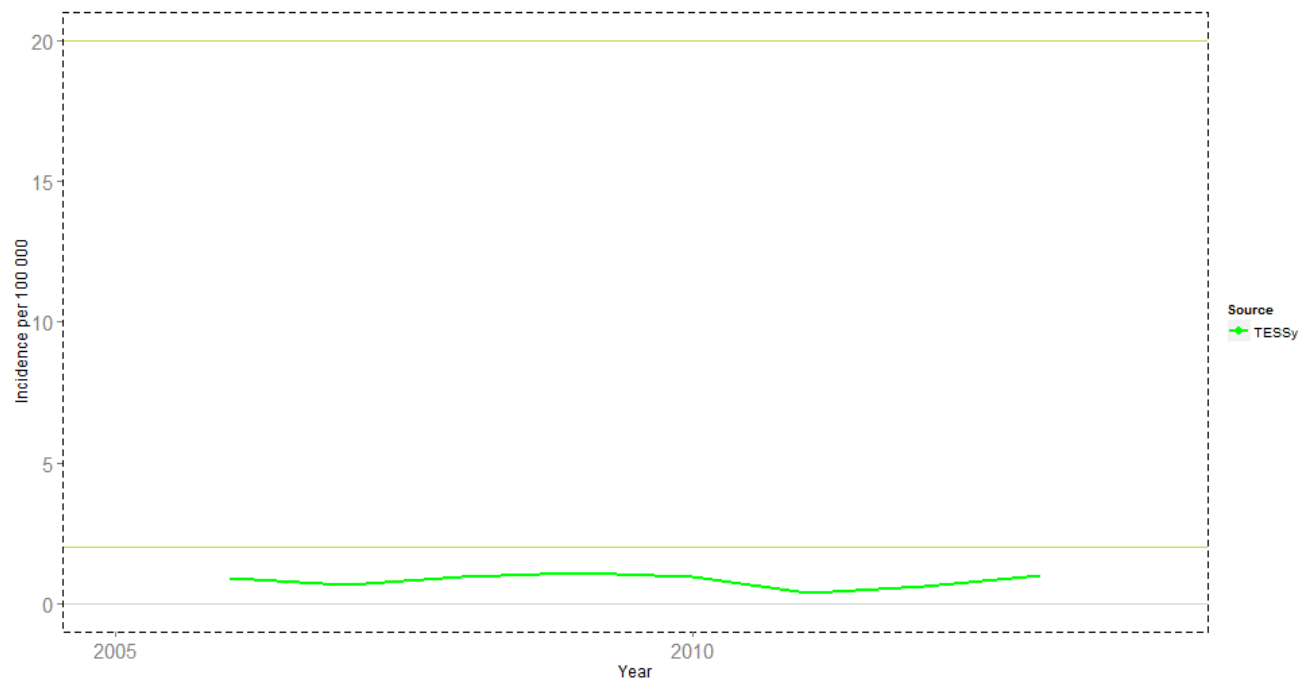
Panel a.3: 2000–2013

No data available

Ireland_Figure 1 (panel b). Summary of seroprevalence in Ireland, by age and time period (1975-2013)



Ireland_Figure 2. Reported incidence of hepatitis A, Ireland, 2006–2013



Bibliography

1. Rajan E, O'Farrell B, Shattock AG, Fielding JF. Hepatitis A in urban Ireland. *Ir J Med Sci.* 1998 Oct-Dec;167(4):231-3.
2. Rooney PJ, Coyle PV. The role of herd immunity in an epidemic cycle of hepatitis A. *J Infect.* 1992 May;24(3):327-31.