Trends in the prevention, diagnosis and treatment of hepatitis B and hepatitis C in Wales:

Annual surveillance report 2025

(Data to end of 2024)

About Public Health Wales

Public Health Wales exists to protect and improve health and wellbeing and reduce health inequalities for people in Wales. We work locally, nationally, and internationally, with our partners and communities.

Communicable Disease Surveillance Centre

Public Health Wales

Number 2 Capital Quarter

Tyndall Street

Cardiff

CF10 4BZ

www.publichealthwales.org

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Report prepared by the BBV, STI, TB and Inequalities specialist subject group, Public Health Wales Communicable Disease Surveillance Centre (CDSC).

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Purpose

This report provides latest information on the epidemiology, prevention and control of hepatitis B and hepatitis C in Wales using data up to the end of 2024. The report is aimed at a wide audience, including policy makers, health service clinicians and planners, commissioners, criminal justice, third sector agencies and academia.

Data Sources

The data used in this report has been collected from a number of sources, including:

- NHS Wales Laboratory Information Management system (LIMS)
- Wales Hepatitis Laboratory Database (BBV Database)
- Welsh Demographic Service (WDS)
- Harm Reduction Database (HRD)
- Sexual Health in Wales Surveillance Scheme (SWS)
- Test and Post screening services
- Health Board clinical teams and HCV e-form, Welsh Clinical Portal
- Patient Episode Database Wales (PEDW)

Where required, population level data has been sourced from the ONS's mid-year population estimates 2023.

A full description of all data sources can be found at the end of this report in **Error! R eference source not found.** A.

Glossary of key abbreviations

Anti-HBc	Hepatitis B Core Antibody
Anti-HCV	Hepatitis C Virus Antibody
HIV Ag/Ab	Human Immunodeficiency Antigen / Antibody
BBV	Blood Borne Virus
DBST	Dried Blood Spot Test
EASR	European Age Standardised Rate
HBV	Hepatitis B Virus
HBsAg	Hepatitis B Virus Surface Antigen
HIV	Human Immunodeficiency Virus
HRD	Harm Reduction Database Wales
LHB	Local Health Board
LIMS	Laboratory Information Management System
NSP	Needle and Syringe Programme
PCR	Polymerase Chain Reaction
PWID	People who Inject Drugs
RNA	Ribonucleic Acid
SWS	Sexual Health in Wales Surveillance Scheme
WHO	World Health Organisation
WNDSM	Welsh National Database for Substance Misuse

1. Executive summary

1.1 Key findings and trends

Hepatitis B (HBV)

Screening for active hepatitis B infection is predominantly undertaken using a hepatitis B surface antigen test (HBsAg). A positive HBsAg test indicates active infection, and further testing is required to establish whether the infection is acute (IgM antibody to hepatitis core antigen and total core antibody tests) or chronic (indicated by the persistence of serum HBsAg for more than 6 months).

- Acute infections are rare in Wales, with 49 cases recorded in the last 5 years. This includes 10 cases in 2024, of which the majority were male, and 50% were aged 60 years or over
- There were 305 new diagnoses of chronic HBV in 2024, an 11% increase from the previous year, representing a case rate of 9.6 per 100,000 population. Cases were more frequently male and in the 30-39 age group
- New HBV chronic infection rates varied considerably across health boards, with residents in Aneurin Bevan University Health Board (22.3 per 100,000 population) and Cardiff and Vale University Health Board (12.9 per 100,000 population) substantially higher than other health boards in Wales
- A total of 121,874 individuals, resident in Wales, were tested for hepatitis B virus (HBsAg) in 2024, an increase of 12% from 2023
- Females accounted for 58% of individuals tested for HBsAg in 2024, however, positivity rates were higher amongst males
- The majority of screening was undertaken among individuals aged 30-39 years, but positivity was highest within the 40-49 years age group, consistent with the previous year
- The highest HBV screening rate per 100,000 population was in Cwm Taf Morgannwg UHB at 3,472 per 100,000 population., however, Aneurin Bevan UHB had the highest positivity rate (proportion tested that were HBsAg positive) at 0.67 compared to a Wales average rate of 0.32•

Hepatitis C virus (HCV)

An anti-HCV reactive result indicates past HCV infection that has resolved or current HCV infection. Confirmatory testing for HCV RNA is required to identify current infection that requires treatment.

- The proportion anti-HCV reactive amongst individuals screened for the first time has decreased from 2.0% to 1.2% between 2015 and 2023 and has remained stable in 2024
- Presence of HCV-RNA indicates active infection. The proportion of individuals with an HCV-RNA positive result following an anti-HCV reactive test has decreased substantially from 61.5% in 2015 to 20.2% in 2024. This decrease may reflect improved uptake of treatment, more effective treatment, and increased testing and diagnosis, including routine opt-out BBV testing within substance misuse and prison settings

- There were 318 new HCV cases diagnosed in 2024, a 2% increase compared to the previous year, representing a case rate of 10.0 per 100,000 population.
- HCV cases were more frequently male and in the 25-34 age group, unlike previous years where diagnoses were highest amongst 35-55 and 45-54 age groups
- A total of 103,203 individuals were screened for anti-HCV in 2024, an increase of 14% from the previous year
- Consistent with 2023, anti-HCV reactivity was highest among individuals aged 45-54
- Whilst more females were tested in 2024, the proportion with an anti-HCV reactive result was two times higher in males
- Swansea Bay UHB reported both the highest number of individuals screened (3,879 per 100,000 population), and the highest rates of anti-HCV reactivity
- Over a third (36.1%) of those with an anti-HCV reactive result recorded since 2015 have not received a follow up HCV-RNA test indicating that loss to follow-up remains a challenge
- Among individuals with a first diagnosis of HCV-RNA in 2022 or 2024, 64% initiated treatment, of whom 45% achieved a recorded sustained virologic response (SVR) indicating clearance of the virus, by the end of 2024

Viral hepatitis related mortality

- Wales has had very low numbers of HBV-related deaths since 2015 with 18 deaths recorded overall, of which the majority were male and 72.2% occurred in those aged 55 or over
- There have been 139 deaths related to HCV in total between 2015 and 2024, with the highest number of annual deaths being registered in 2024. The majority of deaths within this period have been amongst males (82.0%) and mean age was 65 (range: 39-79)
- In 2024, a total of 23 HCV-related deaths were registered, a substantial increase on previous years, of which 70% indicated hepatocellular cancer (HCC) as underlying cause of death (any position)

WHO elimination indicators

Wales continues to make progress towards evidencing the World Health Organisation targets of eliminating hepatitis B (HBV) and hepatitis C (HCV) as significant public health threats by 2030, however, there remains work to be done. Progress to achieving WHO elimination targets is outlined in Appendix B.

2. Introduction

2.1 Hepatitis B

Hepatitis B is a potentially life-threatening infection that presents in both acute and chronic forms. The risk of developing chronic disease, which may result in cirrhosis, liver failure or cancer, depends on the age of acquisition. The WHO estimates that infection acquired in adulthood results in chronic disease in less than 5% of people, while those acquired in infancy and early childhood leads to chronic hepatitis in 95% of cases[1]. In the UK, 95% of newly diagnosed chronic hepatitis B cases are amongst people originating from high prevalence countries[2]. These individuals may have acquired the infection in their country of origin either at birth or in early childhood, and a small proportion acquired through behavioural risk.

HBV transmission is by parenteral exposure to infected blood or body fluids, through:

- unprotected vaginal or anal intercourse
- through blood to blood contact (percutaneous exposure e.g. sharing of injecting equipment, unsafe surgical or dental practices, needlestick injuries)
- perinatal transmission from mother to child[3]

The dominant route of transmission may vary by the country of exposure. For high prevalence countries, transmission is mostly perinatal/vertical, while infection related to travel/transmission within high prevalence countries, unprotected sex and sharing of injecting equipment are likely routes for lower prevalence countries such as UK[1].

2.2 Hepatitis C

Hepatitis C can present in both acute and chronic infection, which can range from mild to a serious illness such as liver failure and cancer. Few acute cases are diagnosed as many new HCV infections are asymptomatic. About 30% of newly infected individuals with HCV usually clear the infections naturally within 6 months[4]. The remainder (~70%) develop chronic HCV infection, and some might remain undetected until later stages when symptoms of serious illness become visible.

Most HCV infections in the UK occur through exposure to blood from sharing of needles or other injecting equipment in people who inject drugs. Other transmission routes include historic transfusion of infected blood or blood products (prior to 1991), re-use or inadequate sterilization of medical equipment, needlestick injuries, exposure to infected blood e.g. through sharing personal items (such as razors or toothbrushes), tattooing and body piercing.

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[1] WHO factsheets: Hepatitis B (2024). Geneva: World Health Organization; 2024. (https://www.who.int/news-room/fact-sheets/detail/hepatitis-#:~:text=WHO%20estimates%20that%20254%20million,carcinoma%20(primary%20liver%20cancer, [accessed, 12 June 2025]

[2] Hahne S, Ramsay M, Balogun K, Edmunds WJ, Mortimer P. 'Incidence and routes of transmission of hepatitis B virus in England and Wales, 1995-2000: implications for immunisation policy' Journal of Clinical Virology 2004: volume 29 issue 4, pages 211-20

[3] UK Health Security Agency. Hepatitis B: the green book. Available at: https://www.gov.uk/government/publications/hepatitis-b-the-green-book-chapter-18

[4] WHO factsheets: Hepatitis C (2024). Geneva: World Health Organization; 2024. (https://www.who.int/news-room/fact-sheets/detail/hepatitis-c, accessed, 12 June 2025)

There is no vaccine to prevent HCV infection. Therefore, harm reduction interventions and increased testing frequency amongst high-risk groups are important preventive measures. Early detection and treatment are critical in mitigating the risks of chronic HCV infection, which leads to liver complications in 15% to 30% of cases within 20 years. Treatment for HCV using direct-acting antiviral medicines (DAAs) is highly effective, resulting in clearance in more than 95% of HCV infection.

2.3 Control of viral hepatitis: towards elimination

NHS Wales, Welsh Government and partners continue to work towards meeting elimination targets as set out by the WHO Global Health Sector Strategy on viral hepatitis in 2016 (See Appendix B). Challenges remain in scaling up prevention programmes particularly harm reduction services including needle and syringe programmes for those at risk of HCV infection through injecting drug use, and BBV testing via substance misuse service access. Improvements in testing, including targeted testing for higher risk populations, particularly those from high prevalence countries and those not readily accessing health care services, as well as rapid treatment access are key for reaching elimination targets, as well as addressing gaps in health inequalities.

3. Prevention programmes

3.1 Hepatitis B vaccinations

HBV vaccination is included in the universal childhood immunisation programme in the UK and is also recommended and provided for high-risk groups including:

- babies born to hepatitis B infected mothers
- those at occupational risk, for example healthcare workers
- those travelling to high-risk countries
- other individuals at high risk of exposure to the virus or complications of the disease including:
  - All current People who inject drugs (PWID)
  - Men who have sex with men (MSM)
  - Commercial sex workers,
  - Family contacts of an individual with chronic HBV infection
  - All sentenced prisoners and all new prisoners upon prison entry

Childhood HBV immunisation

All babies in the UK born on or after 1 August 2017 are offered three doses of hepatitis B-containing vaccine as part of the NHS routine childhood immunisation programme. In 2024/25, the '6 in 1' DTaP/IPV/Hib/HepB1 vaccine uptake (all three doses) in children reaching their first birthday decreased slightly to 94.1%, compared to 94.2% in the previous year[5].

Immunisation of babies born to hepatitis B infected mothers

In 2023, the latest data available, there were 32 babies born to HBV infected mothers. Four were lost to follow up and of the remaining 28 babies, none required HBV Immunoglobulin and 96% (27 babies) received the first three doses of HBV vaccine. Further detail can be found here: Public Health Wales neonatal Hepatitis B summary[6].

Immunisation of people in prison

Hepatitis B vaccination provision to people in prison is recommended in line with NICE guidance[7]. However, current routine data collection for hepatitis B vaccination in prisons in Wales is in development and data for 2024 are not available. Future reports will aim to include coverage of first dose and course completion by prisons in Wales.

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[5] Public Health Wales Vaccine Uptake in Children in Wales. COVER Annual Report 2024, Data for the year ending 31st March 2024. Available at: COVER report 2024/25

[6] Public Health Public Health Wales Vaccine Preventable Disease Programme. Summary of neonatal hepatitis B immunisation in Wales – 2023. Available at: Neonatal HBV immunisation 2024

[7] National institute for Clinical and Health Excellence (NICE). Physical health of people in prison; 2017. Available from: https://www.nice.org.uk/guidance/qs156

3.2 The Welsh blood service screening programme

The Welsh blood service provides a safe blood supply chain across Wales and internationally. A self-completed risk assessment is performed prior to donation. To reduce the risk of infection, including BBVs transmission, all donations are screened at the Welsh Blood Service laboratory. If an individual tests positive to HBV or HCV, as well as HEV (hepatitis E virus), HIV, HTLV (Human T-cell lymphotropic virus) or syphilis**,** they are permanently excluded from donating blood to the Welsh blood service. The only exception is HEV where donors are eligible to return after recovering from the infection.

A total of 30,135 individuals were screened prior to blood donation to the Welsh blood services between 2020 and 2024, with a total of five individuals positive for HBV and six for HCV over the 5 year period.

3.3 Needle and syringe programmes (NSPs)

Injecting drug use, whether current or previous, remains the primary mode of transmission of hepatitis C in the UK. Needle and Syringe Programmes (NSPs) provide sterile injecting equipment and other paraphernalia in line with best practice guidance[8,9]. In Wales, the Harm Reduction Database Wales (HRD) is the system used to collect all NSP activity data. In recent years, data on NSP activity have indicated substantial reduction in engagement with NSPs by people who inject drugs, changes in drug use and related risk behaviours and HRD data quality and completeness issues by staff. Work is currently ongoing to understand the nature of these changes and their impact on NSPs.

The term 'coverage rate' refers to the proportion of injecting events where sterile injecting equipment is used. NICE Guidance[8] recommends a coverage rate of just over 100% to account for 'mishits' and accidental droppage/contamination. Coverage can be estimated as the mean number of syringes dispensed per person who injects drugs (PWID), defined as any individual who self-reported injecting of any psychoactive drug (stimulants and/or opioids) with regular access to NSPs in Wales (two or more interactions in 2024). The mean is used to account for the total number of syringes in circulation among this population, noting that secondary distribution of equipment within networks is a significant source of sterile equipment among PWID and should be included.

Using this definition, coverage was estimated to be 210 syringes per PWID in 2024, a rate of 57.7% based on the assumption of one injection per day. It should be noted that the vast majority of PWID inject more than once per day. This estimate should be interpreted with caution due to ongoing data quality issues, likely leading to an underestimation of the PWID population in Wales and thus an overestimation of coverage. Modelling work to estimate of the current PWID population in Wales is ongoing.

[8] National institute for Clinical and Health Excellence (NICE). Needle and Syringe Programmes PH52. Available at: https://www.nice.org.uk/guidance/PH52

[9] Welsh Government. Substance Misuse Treatment Framework (SMTF) Service Framework for Needle and Syringe Programmes in Wales. Available at: SMTF Needle and syringe provision in Wales

4. Screening and Diagnosis

4.1 Overview

Two independent sources of screening data are utilised in this section (4.1only) to provide the total number of individuals tested, and an estimated positivity rate for HBV (HBsAg) and HCV (anti-HCV). These are the Wales Laboratory Information Management System (LIMS) and Test and Post (T&P) (see Appendix A for further detail).

As shown in Table 1, a total of 121,874 individuals were tested for HBsAg and 103,203 individuals were tested for anti-HCV in 2024.

Table 1 – Total individuals screened and positivity for hepatitis B (HBsAg) and reactivity hepatitis C (anti-HCV).[10,11]

	Hepatitis B (HBsAg)		Hepatitis C (anti-HCV)	
Year	Total individuals tested (LIMS + T&P)	Positive (%)	Total individuals tested (LIMS + T&P)	Reactive (%)
2015	74,893	432 (0.58)	41,832	1,236 (2.95)
2016	76,488	365 (0.48)	44,660	1,380 (3.09)
2017	78,960	364 (0.46)	48,577	1,367 (2.81)
2018	81,107	305 (0.38)	52,343	1,515 (2.89)
2019	83,747	265 (0.32)	56,516	1,692 (2.99)
2020	64,662	193 (0.3)	38,108	1,094 (2.87)
2021	95,264	189 (0.2)	69,251	1,406 (2.03)
2022	102,132	300 (0.29)	81,755	1,774 (2.17)
2023	112,230	331 (0.29)	90,320	1,960 (2.17)
2024	121,874	346 (0.28)	103,203	2,235 (2.17)

Source: LIMS, Test and Post Scheme, 2025

As those tested via NHS and allied health services are tested where clinically indicated and those utilising the T&P are self-selected, the demographic profiles and infection rates vary substantially. As such, the remainder of this section present testing data from LIMS only, representing testing where clinically indicated. T&P demographic profile, screening and diagnosis are represented in section 4.4

[10] The total number of individuals screened includes individuals from prisons and substance misuse services where present in LIMS. In addition, T&P individuals with a positive or reactive test result are contacted and referred for confirmatory testing within NHS clinics, the results of which will be present on LIMS. The reporting of the overall number of individuals screened and positivity rate, is based on the assumption that all individuals receiving a reactive/positive test through T&P are represented in the LIMS data. Whilst further validation is currently ongoing, this assumption may lead to underreporting of the number of people with evidence of hepatitis infection and as such caution is advised when interpreting positivity.

[11] The total number of individuals tested was calculated as the sum of the number of individuals with a valid test recorded in LIMS and the number of individuals with a negative result in T&P. Any individuals with a test recorded in both will be duplicated (<10%).

4.2 Hepatitis B (HBV)

Screening

Screening for active hepatitis B infection is predominantly undertaken using a hepatitis B surface antigen test (HBsAg), with a positive result indicating that an individual is infected with either acute or chronic hepatitis, further established by repeated testing.

In 2024, a total of 98,651 individuals, with no known history of HBV infection, were screened using an HBsAg test, a 10.7% increase compared to the previous year and representing a screening rate of 3,108 per 100,000 population. The number of unique individuals screened has increased year on year since 2015, excluding pandemic years.

As shown in Table 2, of those tested in 2024, 346 were positive for HBsAg, a positivity rate of 0.35%, CI: 0.32% - 0.39%), comparable with previous years.

Table 2 – Number of individuals with no prior history of infection screened for hepatitis B (HBsAg) and positivity rate by year 2015 to 2024[12]

Year of Test	Individuals screened	Rate per 100,000 population	Number of individuals HBsAg positive	Positivity rate (95% CI)[a]
2015[b]	74,893	2399	432	0.58 (0.53 - 0.64)
2016	76,488	2442	365	0.48 (0.43 - 0.53)
2017	78,960	2510	364	0.46 (0.42 - 0.51)
2018	81,107	2568	305	0.38 (0.34 - 0.42)
2019	83,747	2649	265	0.32 (0.28 - 0.36)
2020	64,662	2035	193	0.30 (0.26 - 0.34)
2021	75,267	2416	189	0.25 (0.22 - 0.29)
2022	79,198	2520	300	0.38 (0.34 - 0.43)
2023	89,122	2809	331	0.37 (0.33 - 0.41)
2024	98,651	3108	346	0.35 (0.32 - 0.39)

[a]Confidence intervals calculated using the Wilson method.

[b]A history of prior infection has been established using all testing data since 2013. Therefore, data on people tested and people testing positive in 2015 may be over reported.

Source: LIMS, 2025

Demographic profile

Screening and positivity rate by age and sex

The most common age group for people screened in 2024 were those aged 30-39, with 27,945 individuals screened, a rate of 6,960 per 100,000 population (Table 3 -).

[12] The total number of individuals screened includes individuals from prisons and substance misuse services where present in the Laboratory Information System. In addition, most positive T&P individuals will be retested within LIMS. Therefore, caution is advised when interpreting positivity.

Table 3 - Number of individuals, with no history of infection, screened for hepatitis B (HBsAg) and positivity rate, by age group and sex, 2024

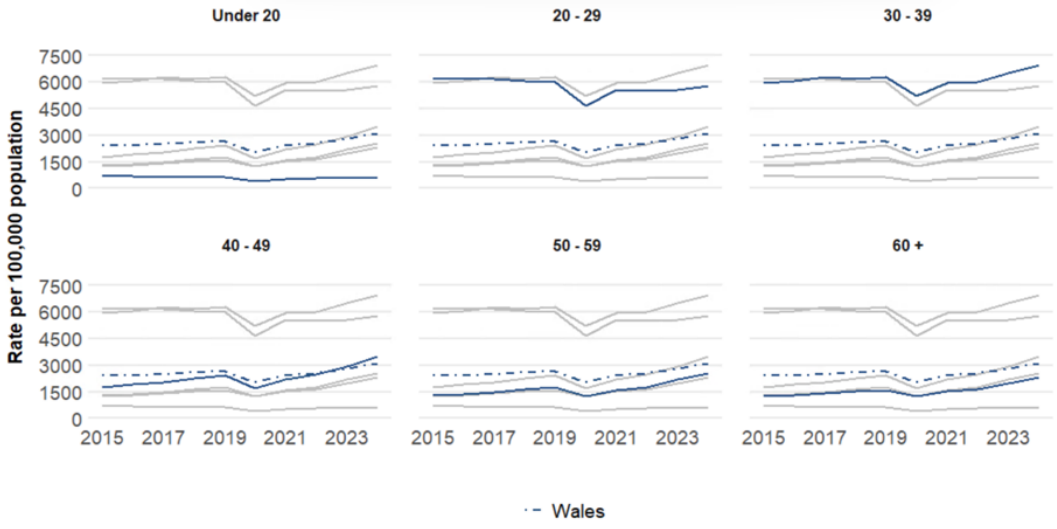
Demographic	Individuals screened	Rate per 100,000 population	Number of individuals HBsAg positive	Positivity rate (95% CI)[a]
Under 20	4,612	660	6	0.13 (0.06 - 0.29)
20 - 29	22,077	5777	54	0.25 (0.19 - 0.32)
30 - 39	27,945	6960	126	0.45 (0.38 - 0.54)
40 - 49	12,620	3485	86	0.68 (0.55 - 0.84)
50 - 59	10,982	2524	40	0.37 (0.27 - 0.50)
60 +	20,725	2314	33	0.16 (0.11 - 0.22)
Unknown Age	16	-	1	6.25 (1.11 - 28.33)
Males	41,676	2675	200	0.48 (0.42 - 0.55)
Females	56,373	3489	139	0.25 (0.21 - 0.29)
Unknown Sex	602	-	7	1.17 (0.57 - 2.39)

[a]Confidence intervals calculated using the Wilson method.

Source: LIMS, 2025

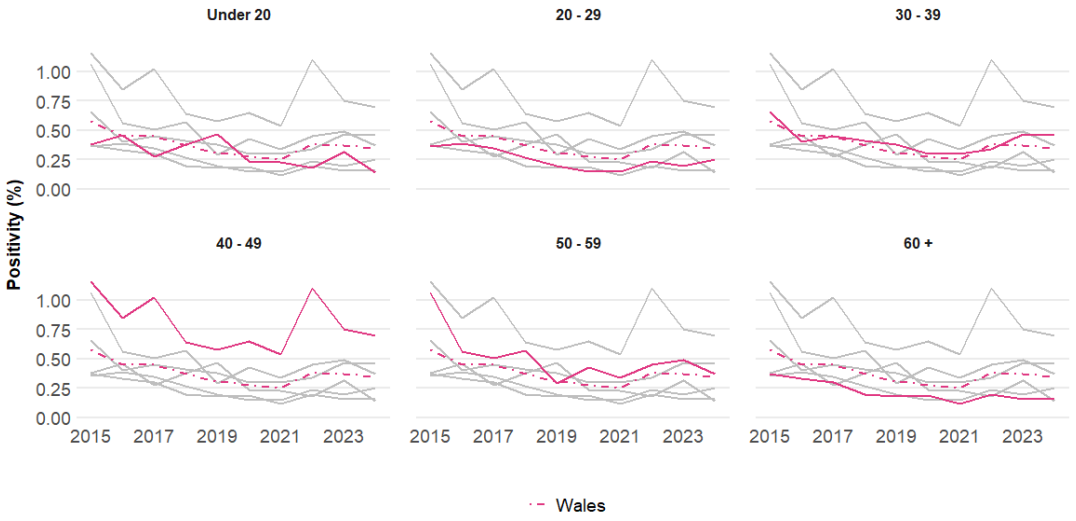
In 2024, the screening rate in females (3,489 per 100,000 population) was higher than in males (2,675 per 100,000 population), likely influenced by pre-natal screening programmes. However, more males were HBsAg positive with resultant higher positivity rate (n=200, 48%) almost twice that of females.

As shown in Table 3 and Figure 1, the highest number of HBsAg positive diagnoses were amongst the 30-39 age group, with 126 newly identified positives (0.45% positivity rate). The age group with the highest positivity was 40-49 (0.68%) and the lowest positivity was observed amongst people under 20 (0.13%) or above 60 (0.16%), Figure 2. These trends have been consistent since 2015.



Source: LIMS, 2025

Figure 1 – Screening rate per 100,000 population for hepatitis B surface antigen (HBsAg), by age group and year of test 2015-2024 (Bold line represents each Health Board-level rate, dotted line represents Wales average rate per 100,000 population)



Source: LIMS, 2025

Figure 2 – Positivity rate of hepatitis B (HBsAg) by age group and year of test 2015-2024 (Bold line represents Health Board-level rate, dotted line represents Wales-level positivity rate)

Since 2015, positivity amongst males screened for HBsAg has approximately halved from 1.06% to 0.49% in 2024. However, since 2019, positivity rates have remained stable, with 1 newly identified infection per 200 males tested (approximately 0.5%). Positivity in females dropped between 2015 and 2020, however, has increased slightly in recent years. Information on sex was not reported for a small proportion (< 1%) of individuals tested. A more detailed breakdown of individuals screened by sex can be found in Appendix C and Appendix .

Screening and positivity rate by health board of residence

Whilst all health boards have reported an increase in people screened since 2015, there has been variation between rates of HBV screening across Wales (Table 4). In 2024, the highest screening rate was recorded in Cwm Taf Morgannwg UHB with 3,472 per 100,000 population. The lowest rate was reported in Powys, however, rates in Powys may be underreported due to Welsh residents near the border accessing services within England and therefore not appearing within these data.

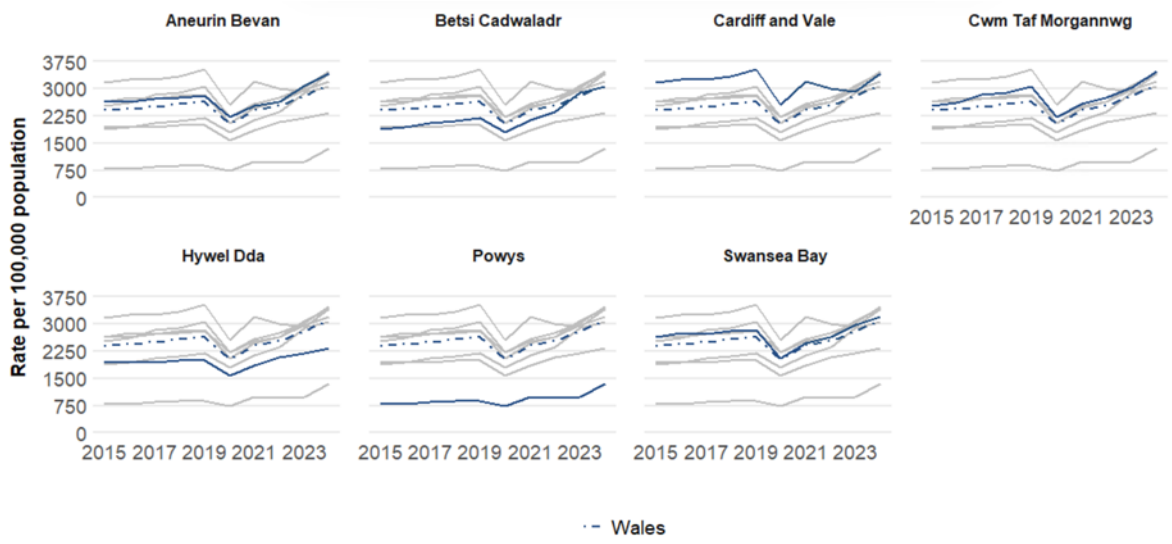
Table 4 – Number of individuals without prior history of infection screened for hepatitis B (HBsAg) and positivity rate, by health board of residence, 2024

Health Board	Individuals screened	Rate per 100,000 population	Number of individuals HBsAg positive	Positivity rate (95% CI)[a]
Aneurin Bevan	20,463	3427	136	0.67 (0.56 - 0.79)
Betsi Cadwaladr	21,142	3044	49	0.23 (0.18 - 0.31)
Cardiff and Vale	17,720	3404	79	0.45 (0.36 - 0.56)
Cwm Taf Morgannwg	15,529	3472	19	0.12 (0.08 - 0.19)
Hywel Dda	9,086	2335	13	0.14 (0.08 - 0.25)
Swansea Bay	12,497	3200	43	0.34 (0.26 - 0.46)
Powys/Outside Wales	2,924	-	7	-
Unknown	1	-	0	-

[a]Confidence intervals calculated using the Wilson method.

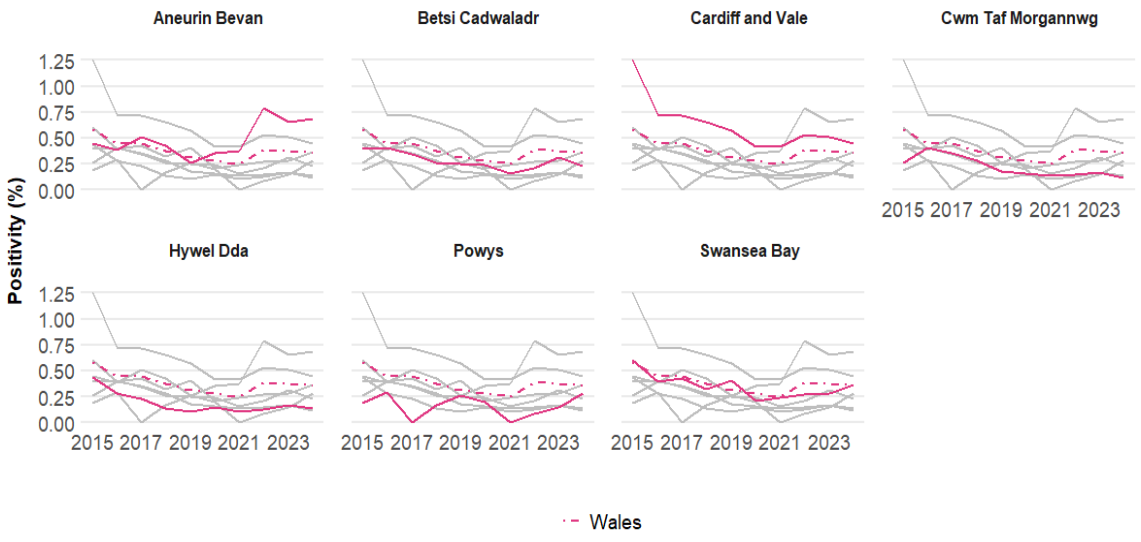
Source: LIMS, 2025

The trend in positivity rate (proportion of those screened with positive HBsAg test) within Health Boards has been relatively consistent over the past 5 years. The highest HBsAg positivity rate was in Aneurin Bevan UHB (0.67%) and the lowest in Cwm Taf Morgannwg health board (0.12%). Trends for screening rates per 100,000 population and positivity rates are shown in Figure 3 and Figure 4, respectively.



Source: LIMS, 2025

Figure 3 – Screening rate for hepatitis B surface antigen (HBsAg) per 100,000 population by health board of residence and year of test, 2015-2024. (Bold line represents each Health Board-level rate, dotted line represents Wales average rate per 100,000 population)



Source: LIMS, 2025

Figure 4 – Positivity rate (%) of hepatitis B (HBsAg), by health board of residence and year of test, 2015-2024 (Bold line represents Health Board-level rate, dotted line represents Wales-level positivity rate)

Hepatitis B diagnosis

A positive HBsAg test indicates that someone has a current hepatis B infection, which may be an acute infection or a lifelong chronic condition. To establish if someone has an acute or chronic HBV infection, an IgM antibody to hepatitis core antigen and total core antibody tests are performed. Alternativity, a second HBsAg positive result, at least 6 months after an initial test is also considered a marker for chronic hepatitis B infection.

Of the 363 identified in 2024, 84% (n = 305) had a chronic HBV infection and 2.8% (n = 10) had an acute infection. An infection status could not be established for 47 (13%) individuals, either due to a lack of follow up testing or having results that require further interpretation.

Acute Hepatitis B

Acute hepatitis B infections are rare in Wales, with 49 acute cases recorded over the last 5 years, and 10 in 2024. Over this time, the highest rates were identified in Betsi Cadwaladr (3.2 per 100,000 population) with 45% of all acute cases being identified in this health board. Of the 10 cases reported in 2024, the majority were male and 50% were aged 60 or over.

Chronic Hepatitis B

In 2024, there were 363 individuals newly identified with HBV infection (Table 5). Of these, 346 were detected through HBsAg screening. The remaining 17 cases were identified through other HBV testing, possibly representing people who were already aware of their status due to diagnoses elsewhere or undertaken in a non-NHS Wales laboratory (e.g. in another region of the UK).

Table 5 – Summary of newly identified hepatitis B infections in Wales, by year of first indication of infection 2015-2024

Year	Individuals screened	New infections (HBsAg only)	All new infections[a]	New chronic infections	Proportion of new infections (%)	Rate per 100,000 population (95% CI)	Unable to determine infection status[b]
2015[c]	74,343	432	528	433	82	14.0 (12.7 - 15.4)	56
2016	76,008	365	383	266	69	8.5 (7.6 - 9.6)	100
2017	78,429	364	374	267	71	8.5 (7.6 - 9.6)	93
2018	80,589	305	311	227	73	7.2 (6.4 - 8.2)	76
2019	83,512	265	273	203	74	6.4 (5.6 - 7.4)	58
2020	64,490	193	197	136	69	4.3 (3.6 - 5.1)	52
2021	75,020	189	199	165	83	5.3 (4.6 - 6.2)	26
2022	78,931	300	310	264	85	8.4 (7.5 - 9.5)	36
2023	88,873	331	341	275	81	8.7 (7.7 - 9.8)	52
2024	98,353	346	363	305	84	9.6 (8.6 - 10.8)	47

[a]Includes individuals newly identified as being infected as a result of any hepatitis B test, not only a surface antigen test.

[b]Confidence intervals calculated using the Wilson method.

[c]A history of prior infection has been established using all testing data since 2013. Therefore, data on people tested and people testing positive in 2015 may be over reported.

Source: LIMS, 2025

Hepatitis B cases by age and sex

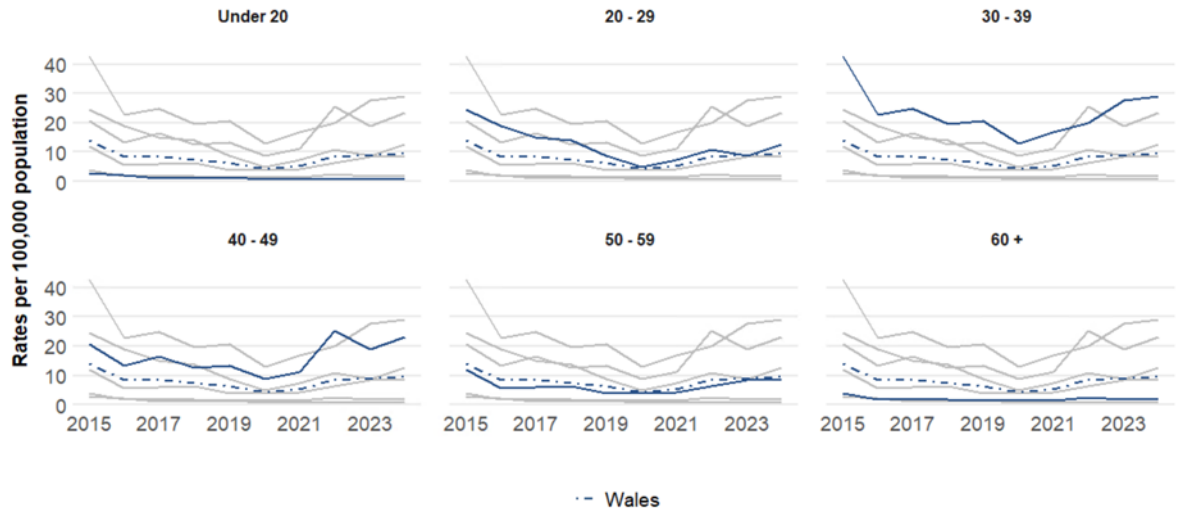
The highest rate of chronic HBV cases was found in the 30-39 age group, 29.2 per 100,000 population (Table 6 and Figure 5), a trend mirrored in both males and females. Higher rates were also found in males aged 40-49 (23.3 per 100,000 population) compared to females in the same age group (10.3 per 100,000 population), shown in Table 7 and Table 8.

Table 6 - Summary of newly identified chronic hepatitis B cases in 2024, by age group and sex, 2024

Demographic	Individuals screened	New infections (HBsAg only)	All new infections[a]	New chronic infections	Proportion of new infections (%)	Rate per 100,000 population (95% CI)	Unable to determine infection status[b]
Under 20	4,587	6	8	4	50	0.6 (0.2 - 1.5)	4
20 - 29	22,034	54	56	48	86	12.6 (9.5 - 16.7)	8
30 - 39	27,864	125	131	117	89	29.2 (24.4 - 35.0)	12
40 - 49	12,572	86	92	84	91	23.3 (18.8 - 28.8)	7
50 - 59	10,930	40	40	36	90	8.3 (6.0 - 11.5)	2
60 +	20,675	33	34	16	47	1.8 (1.1 - 2.9)	13
Unknown Age	16	1	1	0	0	0.0 (0.0 - 0.0)	1
Males	41,534	199	211	177	84	11.4 (9.8 - 13.2)	26
Females	56,219	139	144	122	85	7.6 (6.3 - 9.0)	20
Unknown Sex	600	7	7	6	86	-	1

[a]Includes individuals newly identified as being infected as a result of any hepatitis B test, not only a surface antigen test.
[b]Confidence intervals calculated using the Wilson method.

Source: LIMS, 2025



Source: LIMS, 2024

Figure 5 – Rate of new chronic HBV infections by age group and year of test, 2015-2024 (Bold line represents Health Board-level rate, dotted line represents Wales-level positivity rate)

Table 7 - Summary of newly identified chronic hepatitis B cases in 2024 among males, by age group, 2024

Age Group	Individuals screened	New infections (HBsAg only)	All new infections[a]	New chronic infections	Proportion of new infections (%)	Rate per 100,000 population (95% CI)	Unable to determine infection status[b]
20 - 29	6,248	22	23	20	87	10.3 (6.6 - 15.8)	3
30 - 39	9,134	74	79	71	90	36.4 (28.9 - 45.9)	8
40 - 49	7,312	60	64	58	91	33.0 (25.5 - 42.6)	5
50 - 59	6,158	23	23	21	91	10.0 (6.5 - 15.3)	0
60 +	11,098	18	19	6	32	1.4 (0.7 - 3.1)	8
Unknown Age	7	0	0	0	-	0.0 (0.0 - 0.0)	0

[a]Includes individuals newly identified as being infected as a result of any hepatitis B test, not only a surface antigen test.
[b]Confidence intervals calculated using the Wilson method.

Source: LIMS, 2025

Table 8 - Summary of newly identified chronic hepatitis B cases in 2024 among females, by age group, 2024

Age Group	Individuals screened	New infections (HBsAg only)	All new infections[a]	New chronic infections	Proportion of new infections (%)	Rate per 100,000 population (95% CI)	Unable to determine infection status[b]
20 - 29	15,536	31	32	27	84	14.5 (10.0 - 21.1)	5
30 - 39	18,585	51	52	46	88	22.4 (16.8 - 29.9)	4
40 - 49	5,182	22	24	22	92	11.9 (7.9 - 18.0)	2
50 - 59	4,742	16	16	14	88	6.3 (3.7 - 10.5)	2
60 +	9,565	15	15	10	67	2.1 (1.1 - 3.9)	5
Unknown Age	3	0	0	0	-	0.0 (0.0 - 0.0)	0

[a]Includes individuals newly identified as being infected as a result of any hepatitis B test, not only a surface antigen test.
[b]Confidence intervals calculated using the Wilson method.

Source: LIMS, 2025

Hepatitis B cases by Health Board of residence

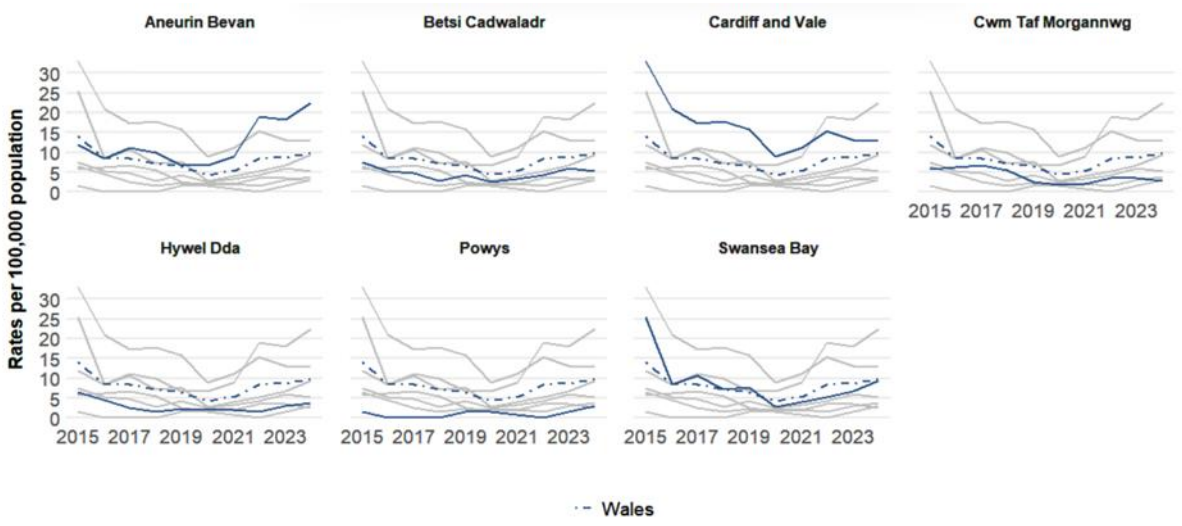
Across Wales, the rate of new chronic HBV infections was 9.6 per 100,000 population in 2024. However, there is considerable variation between the rates of new chronic HBV cases between health boards, with Aneurin Bevan UHB (22.3 per 100,000 population) and Cardiff and Vale UHB (13.3 per 100,000 population) substantially higher than other health boards (Table 9 and Figure 6).

Table 9 - Summary of newly identified hepatitis B cases in 2024, by health board of residence

Health board	Individuals screened	New infections (HBsAg only)	All new infections[a]	New chronic infections	Proportion of new infections (%)	Rate per 100,000 population (95% CI)	Unable to determine infection status[b]
Aneurin Bevan	20,404	136	141	133	94	22.3 (18.9 - 26.5)	6
Betsi Cadwaladr	21,061	49	53	36	68	5.2 (3.8 - 7.2)	10
Cardiff and Vale	17,644	79	81	67	83	12.9 (10.2 - 16.4)	13
Cwm Taf Morgannwg	15,502	18	22	12	55	2.7 (1.5 - 4.7)	11
Hywel Dda	9,063	13	15	15	100	3.9 (2.3 - 6.4)	0
Swansea Bay	12,470	43	43	37	86	9.5 (6.9 - 13.1)	5
Powys/Outside Wales	2,909	7	7	5	71	-	2
Unknown	1	0	0	0	-	-	0

[a]Includes individuals newly identified as being infected as a result of any hepatitis B test, not only a surface antigen test.
[b]Confidence intervals calculated using the Wilson method.

Source: LIMS, 2025



Source: LIMS, 2025

Figure 6 - Rate of new chronic HBV infections, by health board of residence and year of test, 2015-2024 (Bold line represents each Health Board-level rate, dotted line represents Wales average rate per 100,000 population)

4.3 Hepatitis C (HCV)

Screening for active HCV infection is a two-step process. Identification of serological markers (anti-HCV reactivity) indicates evidence of exposure to HCV. Reactive anti-HCV samples are then tested for presence of viraemia (HCV-RNA), and if positive, the patient is diagnosed with active infection requiring treatment.

Venepuncture remains the most common screening method for HCV, though the number of dry blood spot tests has increased in recent years. See Appendix for further detail on number of HCV tests by test type.

Screening

The number of individuals screened for anti-HCV has increased year on year, excluding pandemic years, and has nearly doubled since 2015. Repeat testing amongst groups at higher risk and already identified as anti-HCV reactive may account for the relatively stable annual reactivity ranging between 2.8% and 3.1% reactive tests per year, despite the increase in testing annually (Table 10).

Table 10 – Number and proportion of anti-HCV reactive individuals between 2015 and 2024.

Year	Total Antibody Tests	Individuals Tested	Individuals Reactive	% Reactive (95% confidence interval)[a]	Individuals with first reactive	% Reactive (95% confidence interval) [a]
2015	50,903	41,832	1,236	3.0 (2.8 - 3.1)	826	2.0 (1.8 - 2.1)
2016	54,504	44,660	1,380	3.1 (2.9 - 3.3)	866	1.9 (1.8 - 2.1)
2017	59,678	48,577	1,367	2.8 (2.7 - 3.0)	798	1.6 (1.5 - 1.8)
2018	66,629	52,343	1,515	2.9 (2.8 - 3.0)	829	1.6 (1.5 - 1.7)
2019	72,165	56,516	1,692	3.0 (2.9 - 3.1)	835	1.5 (1.4 - 1.6)
2020	48,435	38,108	1,094	2.9 (2.7 - 3.0)	484	1.3 (1.2 - 1.4)
2021	61,851	49,257	1,406	2.9 (2.7 - 3.0)	546	1.1 (1.0 - 1.2)
2022	75,271	58,783	1,774	3.0 (2.9 - 3.2)	695	1.2 (1.1 - 1.3)
2023	84,521	66,917	1,960	2.9 (2.8 - 3.1)	700	1.0 (1.0 - 1.1)
2024	101,451	79,571	2,235	2.8 (2.7 - 2.9)	790	1.0 (0.9 - 1.1)

[a] Confidence intervals calculated using the Wilson method.

Source: LIMS, 2025

The proportion of hepatitis C antibody (anti-HCV) reactive cases among newly tested individuals has decreased by 0.8 percentage points, from 2.0% to 1.2% over the period 2015-2023 and has remained at this level in 2024, despite increasing testing levels (Table 11).

Table 11 – Number of newly tested individuals and proportion of anti-HCV reactive, 2015-2024.

Year	Individuals with first recorded test	Individuals reactive at first test	% Reactive (95% confidence interval)[a]
2015	35,079	716	2.0 (1.9 - 2.2)
2016	34,845	720	2.1 (1.9 - 2.2)
2017	36,789	657	1.8 (1.7 - 1.9)
2018	38,023	643	1.7 (1.6 - 1.8)
2019	40,026	654	1.6 (1.5 - 1.8)
2020	24,981	372	1.5 (1.3 - 1.6)
2021	32,660	422	1.3 (1.2 - 1.4)
2022	39,942	551	1.4 (1.3 - 1.5)
2023	44,123	536	1.2 (1.1 - 1.3)
2024	52,368	616	1.2 (1.1 - 1.3)

[a] Confidence intervals calculated using the Wilson method.

Source: LIMS, 2025

Demographic profile

Screening and anti-HCV reactivity rates by age group and sex

The profile of individuals screened for anti-HCV is shown in Table 12 with a heat table of positivity rates by age group and sex in Table 13. Testing has increased across all age groups over time, with the majority of those tested in the 25-34 and 35-44 age groups, a trend consistent over the past decade. Highest positivity rates are recorded in the 35-44 and 45-54 age group and amongst males, although positivity rates have declined in the 35-44 year age group, whilst positivity rates have increased in the 45-54 age group over the same period (Table 13).

Table 12 – Number of individuals screened for anti-HCV by age group and sex for the years 2015 to 2024

Demographic	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
0-14	616	571	543	606	671	480	679	1,163	944	1,241
15-24	6,477	6,398	6,832	6,834	7,514	3,999	5,487	6,566	6,807	8,249
25-34	9,208	10,014	11,278	11,746	12,866	8,064	10,127	12,986	13,784	16,188
35-44	7,525	8,148	8,758	9,455	10,340	6,750	9,393	11,612	13,219	15,765
45-54	5,780	6,560	6,841	7,764	8,298	5,684	7,129	8,304	9,913	11,493
55-64	4,682	5,031	5,604	6,582	6,997	5,355	6,869	7,767	9,448	11,426
>64	7,489	7,958	8,756	9,495	9,961	7,893	9,726	10,665	13,073	15,614
Unknown Age	227	171	158	142	159	67	65	53	64	53
Female	18,283	18,782	19,864	21,028	22,047	15,837	20,296	23,403	26,533	31,272
Male	20,909	23,008	25,489	27,914	30,589	20,332	25,822	30,830	35,797	42,797
Unknown Sex	2,640	2,872	3,224	3,401	3,880	1,939	3,139	4,550	4,587	5,502

The proportion of anti-HCV screening by sex has remained relatively stable over the last 5 years, with males accounting for around 57% compared to 42% females (where sex was recorded). However, positivity rates are consistently higher and relatively stable in males over the same period at 3.5% in 2024, compared to a lower and declining positivity rate in females.

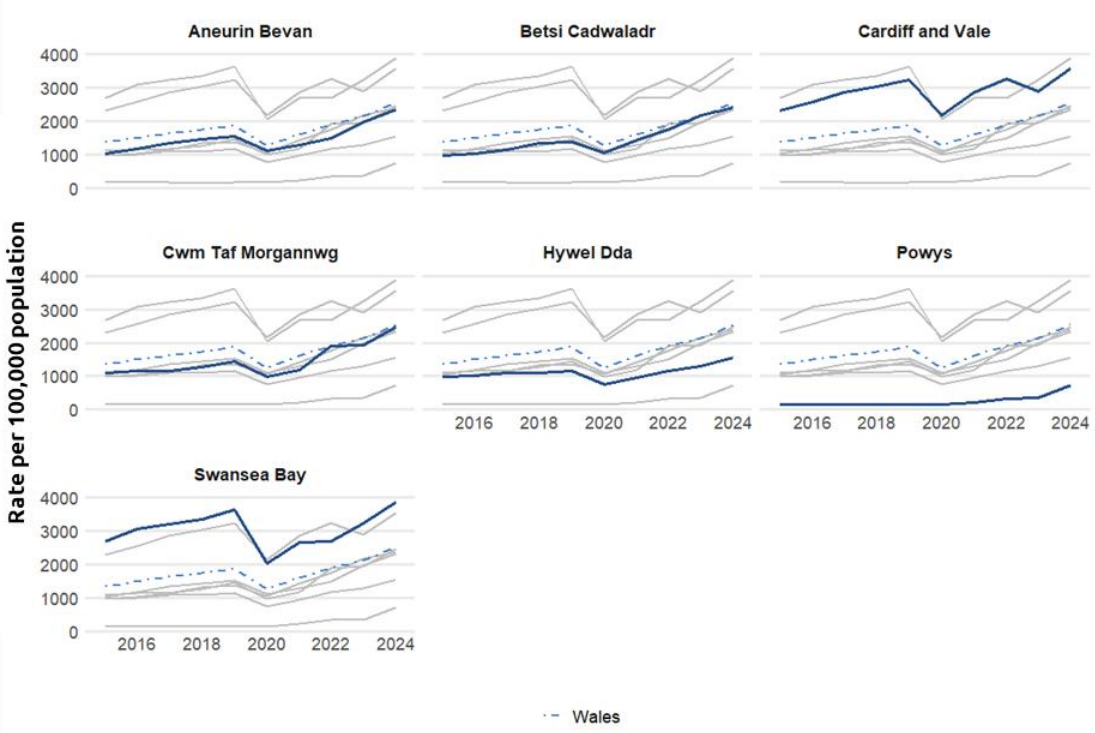
Table 13 – Percentage anti-HCV reactivity (%) by age group and sex, between 2015 and 2024 (darker blue indicates higher rates).

Demographic	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
0-14	2.6	3.3	2.2	3.5	1.8	1.9	0.1	0.9	0.5	0.6
15-24	1.1	1.1	0.8	0.6	0.5	0.7	0.5	0.5	0.3	0.3
25-34	3.6	3.6	3.1	2.8	3.0	2.7	2.4	2.0	1.9	1.6
35-44	5.1	5.6	5.4	5.8	6.0	5.4	5.5	5.7	5.3	5.0
45-54	4.4	4.5	4.4	4.3	5.0	4.8	5.5	5.9	5.9	6.0
55-64	2.3	2.2	2.2	2.7	2.1	2.7	2.5	3.1	3.3	3.0
>64	0.7	0.7	0.4	0.7	0.6	0.6	0.5	0.9	0.7	0.8
Unknown Age	7.9	9.4	8.2	8.5	9.4	9.0	12.3	5.7	4.7	15.1
Female	2.1	2.1	1.8	1.9	1.9	1.9	1.8	1.9	1.8	1.7
Male	3.6	3.9	3.5	3.5	3.7	3.5	3.7	3.8	3.6	3.5
Unknown Sex	3.5	3.6	4.0	3.7	3.7	3.8	2.8	3.8	3.7	3.4

Source: LIMS, 2025

Screening and anti-HCV reactivity rates by health board of residence

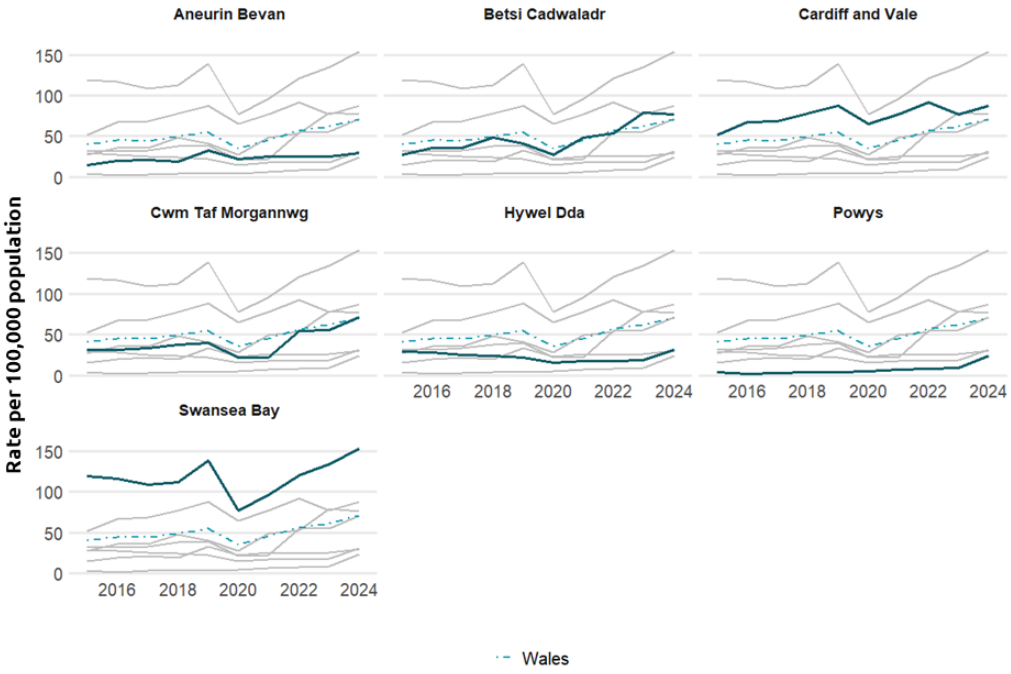
Since 2015, the number of individuals screened for anti-HCV has increased steadily across health board areas. In 2024, the highest anti-HCV testing rate was observed in Swansea Bay (3,879 per 100,000 population) compared to the Wales average rate of 2,530 per 100,000 population (Figure 7). More detail on rates of individuals screened at a health board level can be found in Appendix F.



Source: LIMS, 2025

Figure 7 – Rate per 100,000 population tested for anti-HCV by health board of residence, 2015-2024

While screening has increased across all health boards, the rate of individuals testing anti-HCV reactive varies considerably by health board area (Figure 8), ranging from 31.4 per 100,000 population in Hywel Dda to 153.5 per 100,000 population in Swansea Bay in 2024. All health boards have seen an increase in reactivity since 2015, which is to be expected given increased screening and re-testing of individuals already anti-HCV reactive. More detail on rates reactive for anti-HCV by health board can be found in Appendix G.



Source: LIMS, 2025

Figure 8 – Rate per 100,000 population anti-HCV reactive by health board of residence, 2015-2024

Confirmatory testing following anti-HCV reactive test result

Laboratory processes have been in place to undertake confirmatory HCV-RNA testing on all anti-HCV reactive samples to confirm current infection and the requirement for treatment. However, data indicate that approximately one third of those with an anti-HCV reactive result (across all sample types) have not received a follow up HCV-RNA test in 2023 (Table 14) varying by health board and over time (Table 15). Further work is ongoing to establish what proportion of these tests may be historic (prior to 2018 for dried blood spot testing), relate to point of care testing / pilot project tests, or represent incomplete data.

Table 14 – Total number of individuals with positive anti-HCV reactive tests, and the percentage not receiving a confirmatory HCV-RNA test by year 2015-2024.

Year	Total anti-HCV reactive	No confirmatory HCV-RNA test	% Lost to follow-up (95% confidence interval)[a]
2015	794	287	36.1 (32.9 - 39.5)
2016	877	275	31.4 (28.4 - 34.5)
2017	872	289	33.1 (30.1 - 36.3)
2018	954	353	37 (34.0 - 40.1)
2019	1,262	481	38.1 (35.5 - 40.8)
2020	777	261	33.6 (30.4 - 37.0)
2021	1,103	381	34.5 (31.8 - 37.4)
2022	1,431	379	26.5 (24.3 - 28.8)
2023	1,674	601	35.9 (33.6 - 38.2)
2024	1,900	590	31.1 (29.0 - 33.2)

[a] Confidence intervals calculated using the Wilson method.

Source: LIMS, 2025

Table 15 – Proportion (%) of individuals with anti-HCV reactive results not receiving an HCV-RNA confirmatory test by health board and year, 2015-2024 (darker blue indicates higher rates).

Health Board	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	All years
Aneurin Bevan	29	27	23	21	24	11	24	25	29	35	25
Betsi Cadwaladr	16	18	20	18	24	22	32	26	38	26	26
Cardiff & Vale	36	20	26	35	39	36	37	19	27	25	30
Cwm Taf Morgannwg	22	17	25	23	29	28	13	12	23	15	20
Hywel Dda	24	24	23	17	30	16	18	28	44	49	28
Powys	0	50	0	0	20	0	11	27	25	6	12
Swansea Bay	19	20	16	20	23	19	20	23	28	28	22

Source: LIMS, 2025

Hepatitis C diagnosis

The proportion of individuals with an HCV-RNA positive result following an anti-HCV reactive test has decreased substantially from 61.5% in 2015 to 20.2% in 2024 (Table 16).

Table 16 – Number and proportion of individuals with HCV-RNA positive results following anti-HCV reactive result and positivity (%) by year, 2015-2024

Year	Anti-HCV reactive with confirmatory test	Anti-HCV reactive and HCV-RNA positive	% HCV-RNA positive (95% confidence interval)[a]
2015	507	312	61.5 (57.2 - 65.7)
2016	602	350	58.1 (54.2 - 62.0)
2017	583	307	52.7 (48.6 - 56.7)
2018	601	319	53.1 (49.1 - 57.0)
2019	781	340	43.5 (40.1 - 47.0)
2020	516	185	35.9 (31.8 - 40.1)
2021	722	263	36.4 (33.0 - 40.0)
2022	1,052	302	28.7 (26.1 - 31.5)
2023	1,073	257	24 (21.5 - 26.6)
2024	1,310	264	20.2 (18.1 - 22.4)

[a] Confidence intervals calculated using the Wilson method.

Source: LIMS, 2025

The overall number and number of newly positive HCV-RNA cases amongst those tested in Wales from 2015 to 2024 has reduced by 48.6% and 34.2%, respectively (Table 17). Among newly tested individuals, the annual number of HCV-RNA positive cases has decreased by 35.9% over the same period (Table 18).

Table 17 – Number of HCV-RNA confirmatory tests (PCR), number of individuals tested, number positive and positivity rate by year, 2015-2024

Year	Total PCR Tests	Individuals Tested	Individuals Positive	% Positive (95% confidence interval)[a]	Individuals with first positive	% First-time positive (95% confidence interval) [a]
2015	3,595	2,488	1,170	47.0 (45.1 - 49.0)	483	19.4 (17.9 - 21.0)
2016	5,392	2,704	1,442	53.3 (51.4 - 55.2)	495	18.3 (16.9 - 19.8)
2017	5,525	3,026	1,265	41.8 (40.1 - 43.6)	483	16.0 (14.7 - 17.3)
2018	4,283	2,875	1,008	35.1 (33.3 - 36.8)	470	16.3 (15.0 - 17.7)
2019	4,998	3,317	1,006	30.3 (28.8 - 31.9)	500	15.1 (13.9 - 16.3)
2020	2,932	2,243	509	22.7 (21.0 - 24.5)	250	11.1 (9.9 - 12.5)
2021	3,204	2,389	618	25.9 (24.2 - 27.7)	314	13.1 (11.8 - 14.6)
2022	3,935	2,857	606	21.2 (19.8 - 22.7)	324	11.3 (10.2 - 12.6)
2023	4,779	3,280	602	18.4 (17.1 - 19.7)	313	9.5 (8.6 - 10.6)
2024	5,630	3,799	601	15.8 (14.7 - 17.0)	318	8.4 (7.5 - 9.3)

[a] Confidence intervals calculated using the Wilson method.

Source: LIMS, 2025

Table 18 – Number of newly tested individuals and proportion HCV-RNA positive, by year 2015-2024.

Year	Individuals with first recorded test	Individuals positive at first test	% Positive (95% confidence interval)[a]
2015	1,230	463	37.6 (35.0 - 40.4)
2016	1,096	485	44.3 (41.3 - 47.2)
2017	1,300	466	35.8 (33.3 - 38.5)
2018	1,280	454	35.5 (32.9 - 38.1)
2019	1,475	471	31.9 (29.6 - 34.4)
2020	1,018	235	23.1 (20.6 - 25.8)
2021	1,067	293	27.5 (24.9 - 30.2)
2022	1,327	301	22.7 (20.5 - 25.0)
2023	1,409	292	20.7 (18.7 - 22.9)
2024	1,786	297	16.6 (15.0 - 18.4)

[a] Confidence intervals calculated using the Wilson method.

Source: LIMS, 2025

Demographic profile:

New HCV cases by age and sex

Amongst individuals with new HCV-RNA positive results in 2024 (Table 19), 67% were males and 24.0% were females (sex not reported for 9%), a broad ratio of 3:1 male to female which has been relatively stable over time. Declines in the number of cases is seen in the younger age groups, with small increases in cases in age groups from 45-54 years and older. The 35-44 and 45-54 year age group continue to have the highest number of cases.

Table 19 - Number of new HCV (HCV-RNA) cases by age group and sex by year 2015 - 2024

Demographic	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
0-14	5	<5	<5	6	11	5	5	<5	<5	<5
15-24	53	41	33	23	18	8	9	9	9	9
25-34	266	291	307	215	188	94	119	88	86	84
35-44	350	439	406	339	347	167	212	218	217	197
45-54	279	388	323	251	252	133	175	164	149	159
55-64	162	227	146	135	142	77	82	86	89	92
>64	63	74	53	49	51	27	16	29	38	52
Unknown Age	<5	<5	<5	<5	<5	<5	<5	10	11	6
Female	319	394	329	239	261	121	153	163	144	145
Male	801	999	875	722	690	345	438	392	407	403
Unknown Sex	50	49	61	47	55	43	27	51	51	53

Source: LIMS, 2025

While positivity rate (the proportion tested for HCV-RNA that are positive) has generally declined across most age groups, 2024 represents the first year where the highest positivity was observed amongst individuals aged 25-34, while previous years have seen the highest positivity amongst 35-55 and 45-54 age groups (Table 20).

Table 20 – Percentage HCV-RNA positive (%) by age group and gender, between 2015 and 2024 (darker blue indicates higher rates).

Demographic	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
0-14	6.2	4.5	4.8	10.0	22.4	12.8	9.4	9.3	9.3	8.3
15-24	39.6	36.6	23.4	19.2	17.8	9.3	11.2	9.1	13.0	9.3
25-34	50.3	52.0	46.4	37.0	29.8	21.8	28.5	19.8	19.5	17.4
35-44	51.2	55.4	47.0	39.9	33.0	25.9	29.0	23.9	21.5	17.0
45-54	50.8	59.6	44.7	38.4	32.4	26.7	28.7	23.3	16.6	15.8
55-64	47.4	57.9	36.3	31.6	31.1	24.2	24.8	20.1	16.6	15.0
>64	32.3	42.0	25.9	22.8	19.0	11.4	9.1	12.0	13.1	12.3
Unknown Age	100.0	25.0	50.0	16.7	36.4	50.0	57.1	71.4	64.7	46.2
Female	36.9	44.2	33.7	26.6	26.6	17.6	21.7	18.4	14.8	13.1
Male	53.7	59.2	46.6	39.8	32.6	24.5	28.6	22.6	20.1	16.8
Unknown Sex	38.2	39.2	35.9	29.4	25.5	29.5	17.9	21.6	18.0	18.0

Source: LIMS, 2025

New HCV cases by health board of residence

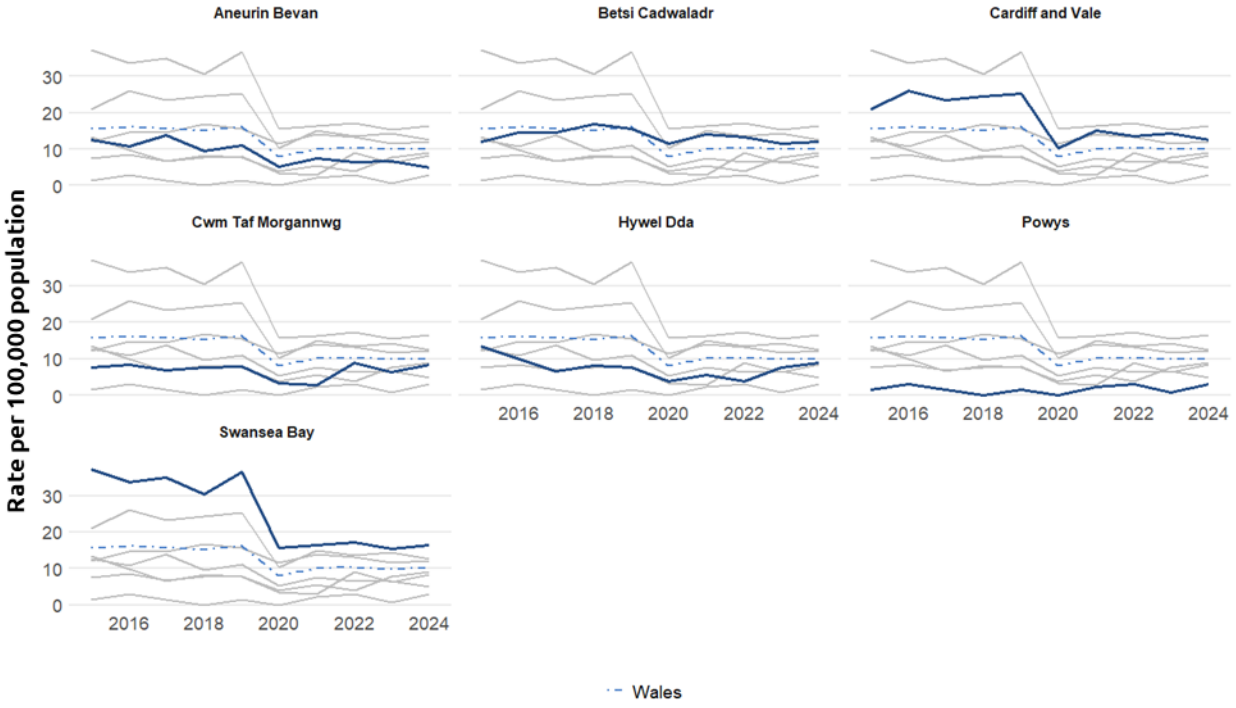
The number of new confirmed HCV-RNA cases varies substantially by health board over time (Table 21). Rates of new HCV-RNA cases per 100,000 population indicate varying trends over time within health board areas but remain lower in recent years compared to 2015 across all areas (Figure 9). The Wales rate of new HCV-RNA cases was 10.0 per 100,000 population in 2024. Rates of all individuals testing positive for HCV-RNA (i.e. including re-infections and individuals not treated) can be found in Appendix .

Table 21 – Number of new HCV-RNA cases by health board, by year of first diagnosis, 2015-2024.

Health Board[a]	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Aneurin Bevan	73	63	80	56	64	31	45	38	39	29
Betsi Cadwaladr	83	101	100	115	107	79	96	91	80	84
Cardiff and Vale	100	125	113	118	123	50	74	68	74	65
Cwm Taf Morgannwg	33	37	30	34	35	15	13	40	28	37
Hywel Dda	51	37	25	31	29	15	21	15	30	35
Swansea Bay	141	128	133	116	139	60	62	66	60	64
Wales	483	495	483	470	500	250	314	324	313	318

[a] Powys and those with an unknown health board are excluded due to low numbers and to reduce risk of deductive disclosure.

Source: LIMS, 2025



Source: LIMS, 2025

Figure 9 – Rate per 100,000 population of new HCV-RNA cases by health board and year, 2015-2024.

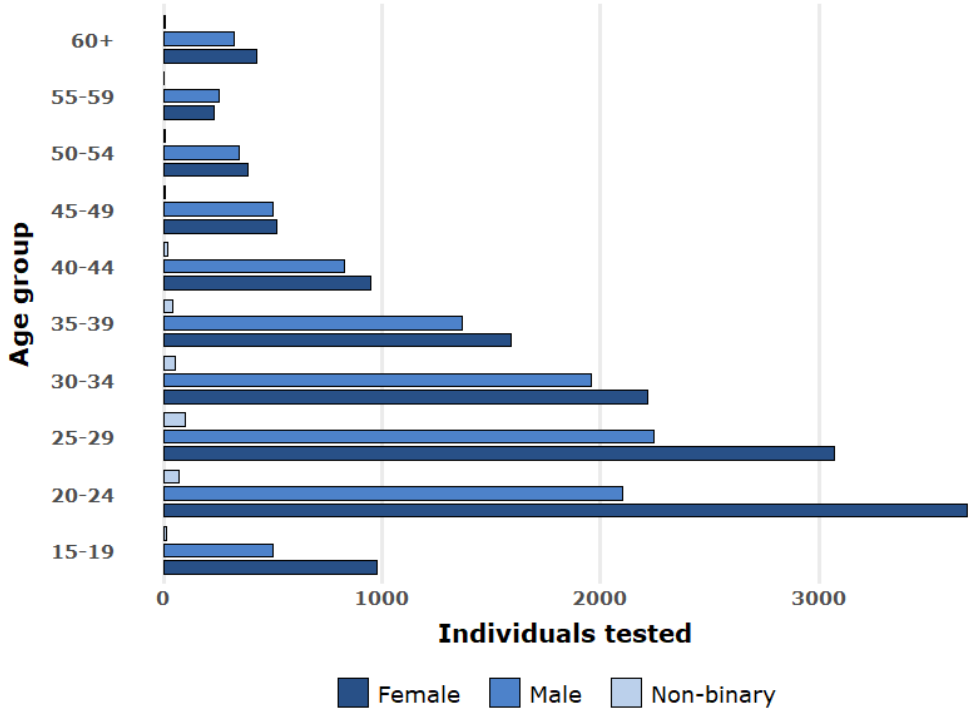
4.4 Test and Post service

The Test and Post service (T&P) is a postal testing service for BBVs and sexually transmitted infections, that was established by Public Health Wales through a collaboration between Welsh Government and Health Board sexual health services in 2020. Individuals may request a testing kit, either via online portal or community-based services. Once complete, samples are posted for testing. All those testing positive (HBsAg) or reactive (anti-HCV) are contacted via text and referred to appropriate clinical services for confirmatory testing. Data on HBV and HCV testing and reactivity are included here.

Demographic profile

Testing by age and sex

A total of 24,691 individuals in Wales were tested for BBVs via the T&P in 2024. A higher proportion were female (56.9%) than male (41.9%) and non-binary (1.2%) individuals. The majority of tests were completed by younger people in the 20-24 years and 25-29 years age groups, accounting for 23.7% and 21.9%, respectively, where recorded. Full details of the age and sex profile of all individuals screened are presented in Figure 10.



Source: Test and Post Scheme, 2025

Figure 10 - Number of individuals tested for BBVs via the Test and Post scheme, by age group and sex, 2024.

Testing by health board of residence

Similar to the previous years, the highest number of individuals tested in 2024 were recorded in Cardiff and Vale UHB, and the lowest in Powys (Table 22).

Table 22 - Number of individuals tested for any BBV using the Test and Post service and rate per 100,000 population (in brackets), by Health Board of residence and year 2021-2024.

Health Board	2021	2022	2023	2024
Aneurin Bevan	1932 (328.4)	2926 (494.7)	3298 (553.9)	3471 (583.0)
Betsi Cadwaladr	2342 (340.9)	3719 (540.0)	3965 (573.0)	3908 (564.7)
Cardiff and Vale	4531 (920.3)	6943 (1375.6)	7482 (1443.7)	7250 (1398.9)
Cwm Taf Morgannwg	1433 (324.1)	2188 (492.5)	2436 (545.6)	2576 (576.9)
Hywel Dda	1671 (436.9)	2566 (665.8)	2901 (747.4)	2896 (746.1)
Powys	393 (294.3)	659 (492.3)	757 (563.1)	833 (619.6)
Swansea Bay	1792 (471.8)	2994 (779.2)	3070 (787.9)	3047 (782.0)
Unknown	6891 (NA)	2084 (NA)	529 (NA)	710 (NA)
Wales	20985 (675.7)	24079 (768.6)	24438 (772.3)	24691 (780.3)

Source: Test and Post Scheme, 2025

Reactivity/positivity

It was not possible to identify those individuals who were newly diagnosed by the test and post service, as a proportion of those requesting a test will have previously tested positive for HBV and/or HCV. As such, interpretation of the test results represented below should be treated with caution.

Overall, 2.3% (573/24,691) of those tested in 2024 received a reactive or positive result, with the highest among individuals tested for HBsAg (Table 23). The pattern was consistent with the previous years. Further work is underway to identify and distinguish new and existing cases.

Table 23 - Number of individuals tested and proportion (%) receiving a positive (HBsAg) or reactive (anti-HCV) result, by test and year.

	Hepatitis B (HBsAg)		Hepatitis C (anti-HCV)	
Year	Tested	% Positive (n)	Tested	% Reactive (n)
2021	20,149	0.9 (178)	20,053	0.3 (60)
2022	23,159	1.1 (260)	23,028	0.2 (57)
2023	23,397	1.5 (341)	23,446	0.2 (46)
2024	23,519	1.6 (366)	23,684	0.2 (53)

Source: Test and Post Scheme, 2025

Age and sex profile of those with reactive/positive result

The demographic profile of those that received a reactive or positive BBV tests using the T&P service is shown in Table 24.

- Hepatitis B (HBsAg): positivity was higher in males, those aged between 55 and 59 and those resident in Powys and Hywel Dda UHB.
- Hepatitis C (anti-HCV): reactivity rates were the same for males and females, slightly higher in age groups 45 - 49 and 60 years and above, and those living in Hywel Dda UHB

Table 24 - Demographic profile of individuals tested and positivity/reactivity, by BBV and demographic group, 2024.

	% of Total Tests (% Positive/Reactive)	
Demographic group	**Hepatitis B**	**Hepatitis C**
Total	100 (1.6)	100 (0.2)
Female (including trans women)	53.3 (1.5)	50.9 (0.2)
Male (including trans men)	44.5 (1.7)	45.3 (0.2)
Non-binary	0.3 (0.4)	1.9 (0.4)
15-19	5.5 (1.5)	1.9 (0.1)
20-24	22.7 (1.5)	13.2 (0.1)
25-29	18 (1.3)	11.3 (0.1)
30-34	18 (1.6)	7.5 (0.1)
35-39	13.9 (1.8)	18.9 (0.3)
40-44	8.5 (1.8)	11.3 (0.4)
45-49	6 (2.2)	15.1 (0.8)
50-54	3 (1.6)	7.5 (0.6)
55-59	3 (2.4)	1.9 (0.2)
60+	1.4 (0.7)	11.3 (0.8)
Aneurin Bevan	15 (1.7)	7.5 (0.1)
Betsi Cadwaladr	13.9 (1.4)	20.8 (0.3)
Cardiff and Vale	29.5 (1.6)	20.8 (0.2)
Cwm Taf Morgannwg	10.1 (1.5)	15.1 (0.3)
Hywel Dda	13.4 (1.8)	20.8 (0.4)
Powys	3.8 (1.8)	1.9 (0.1)
Swansea Bay	12.8 (1.6)	9.4 (0.2)

Source: Test and Post Service, 2025

4.5 Sexual health clinical services

Individuals attending sexual health clinics (SHCs) may be offered a BBV test if symptomatic or at risk. A total of 5,576 individuals were tested for HBV (anti-HBc and HBsAg) and/or HCV (anti-HCV/HCV-RNA) (Table 25). In 2024:

Table 25 - Number of individuals tested for HBV (anti-HBc or HBsAg) and/or HCV (anti-HCV or HCV-RNA) in SHCs, by Health Board of clinic attendance.

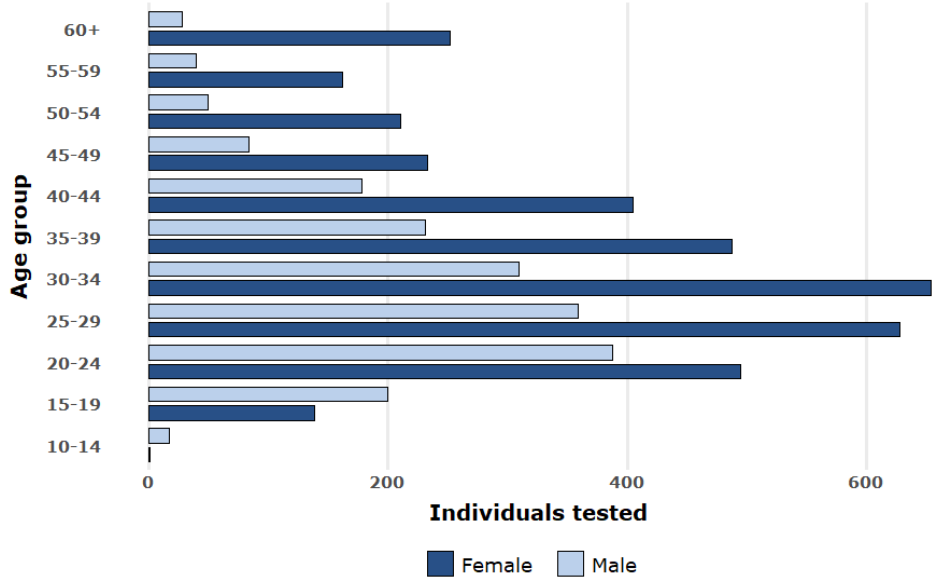
	Number of individuals tested			
Health Board[a]	**2021**	**2022**	**2023**	**2024**
Aneurin Bevan	130	201	338	226
Betsi Cadwaladr	508	859	831	916
Cardiff and Vale	1,117	1,662	1,528	1,479
Cwm Taf Morgannwg	112	231	357	266
Hywel Dda	110	94	248	390
Swansea Bay	532	886	1,076	2,299
Total	**2,509**	**3,933**	**4,378**	**5,576**

[a]Data for mobile SHC units in Powys are not available, therefore Powys has been excluded from this table.

Source: SWS, 2025

Testing by age and sex

The age and sex profile of individuals tested within SHC is shown in Figure 11. Testing for HCV and HBV is generally more frequent among females, except in those under the age of 20.



Source: SWS, 2025

Figure 11 - Number of individuals tested for any BBV at SHCs, by age group and sex, 2024.

Of the 5,576 individuals tested for HBV and/or HCV in SHCs: 12 individuals were HBsAg positive and 9 were HCV-RNA positive.

4.6 Prisons

Note: *The specimen types included in this analysis have been expanded to include any associated with a HBsAg, anti-HCV, or HCV-RNA result.*[13] *Data from previous years have been updated using this improved methodology; therefore, testing figures in this section will not match previous reports.*

Individuals in prison are considered an at-risk group for contracting BBVs due to social and health risk behaviours within community and prison environments. There are 6 male only prisons in Wales, and no female prisons. Details of each prison can be found in Appendix .

The age range of individuals tested for BBVs is shown in Table 26, and may resemble the age profile of all individuals in the prison at the time as routine opt-out screening is standard procedure.

Table 26 – Median age and age range of individuals tested for BBVs, by prison, 2024.

Prison	Median age (range)
HMP Berwyn	35 (16-100)
HMP Parc	34 (15-88)
HMP Cardiff	35 (18-71)
HMP Swansea	35 (18-74)
HMP Usk	46 (21-89)
HMP Prescoed	35 (19-85)
All	**35 (15-100)**

Source: LIMS, 2025

Screening

BBV testing has continued to increase over time, excluding 2019-2022. The total number of tests conducted in each prison can be found in Appendix , indicating peak levels of testing across all test types in 2024 in most prisons. While data indicate coverage over 100%, caution is strongly advised upon interpretation as the extent of duplication cannot be determined from admissions data, and tests cannot be matched to an individual. Work is ongoing to identify the number of unique individuals being admitted into prisons, and to better understand re-testing within a prisons setting. The total number of individuals tested in each prison over time can be found in Table 27.

[13] Prior to 2019, only BBV tests with a specimen type listed in WLIMS as either 'BLD-SPT' or 'BLD-EDTA' were included. The new methodology now includes all specimen types () associated with the tests of interest and has been applied retrospectively across all years.

Table 27 – Individuals tested for BBVs by prison, type of BBV test, and year.[14]

Test	Requesting site	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Hepatitis B Surface Antigen (HBsAg)	HMP Berwyn	0	0	292	663	981	470	1,066	1,402	3,809	4,578
	HMP Parc	630	981	1,471	1,011	1,255	483	205	607	737	2,235
	HMP Cardiff	351	1,109	1,433	1,208	1,364	533	652	307	205	1,237
	HMP Swansea	77	135	246	241	290	48	43	56	66	258
	HMP Usk	73	261	76	255	300	114	224	158	192	261
	HMP Prescoed	105	117	201	323	375	203	275	239	294	271
	Total	**1,233**	**2,562**	**3,699**	**3,659**	**4,482**	**1,837**	**2,450**	**2,750**	**5,279**	**8,645**
Hepatitis C Antibody (Anti-HCV)	HMP Berwyn	0	0	295	667	982	456	1,066	1,371	3,794	4,567
	HMP Parc	632	988	1,472	1,015	1,255	482	201	608	743	2,237
	HMP Cardiff	352	1,110	1,433	1,200	1,361	531	648	303	203	1,236
	HMP Swansea	83	139	253	237	260	46	41	56	65	258
	HMP Usk	74	257	76	256	299	115	225	158	192	263
	HMP Prescoed	101	119	199	323	376	203	276	240	294	271
	Total	**1,239**	**2,573**	**3,708**	**3,656**	**4,450**	**1,819**	**2,443**	**2,718**	**5,266**	**8,637**
Hepatitis C PCR	HMP Berwyn	0	0	<25	37	138	146	201	277	475	658
	HMP Parc	51	51	77	65	99	59	47	183	82	177
	HMP Cardiff	52	120	148	157	194	77	70	102	56	180
	HMP Swansea	25	41	56	58	190	54	62	58	62	70
	HMP Usk	0	5	0	<5	<5	<5	<5	<5	<5	<5
	HMP Prescoed	6	6	<5	<10	<20	<10	<20	<10	<15	<10
	Total	**132**	**221**	**300**	**327**	**628**	**345**	**392**	**606**	**675**	**1,068**

Source: LIMS, 2025

Diagnosis

Hepatitis B (HBsAg)

HBsAg rates are generally low with <1.0% of individuals tested receiving a positive/reactive result within each prison and year. The highest rates of HBsAg positivity were observed in HMP Usk in 2015 and HMP Swansea in 2018 (1.4% and 1.2% respectively),

Hepatitis C

Anti-HCV reactivity in the overall Welsh prison population has fluctuated slightly between 2015 and 2024, ranging from 7.1% to 11.0%, substantially higher than the overall Wales prevalence of 2.8% (Table 28). Since 2022, the number of individuals receiving an anti-HCV reactive result increased by 1.4% while the number of individuals tested increased by 2.2%.

Overall, the proportion of HCV-RNA positive tests is at the lowest since 2015, consistent with overall Wales trends. There was a 22.0% increase in the number of individuals receiving a positive HCV-RNA result between 2022 and 2024, though the positivity rate decreased due to the 76.2% increase in the number of individuals tested.

[14] Individuals were identified using patient ID and request location. Tests extracted from LIMS were HBsAg, anti-HCV, HCV PCR and HIV Ag/Ab. Only those tested with a positive or negative result were included - tests with a result of “Not tested”, “Insufficient to test”, “Invalid”, “Inhibitory” or “Result to follow” were excluded.

Combining 2020-2024 data, the median age of individuals testing reactive/positive for HCV (anti-HCV or HCV-RNA) was 42 years while the median age of individuals testing positive for HBV (HBsAg) was 35 years.

Due to the mobility of individuals across the prison estate (England and Wales) and over time, alongside substantial variation in the duration of incarceration and low numbers of seroconversion, robust incidence proportions and rates are not available.

Table 28 – Number of Individuals tested within Welsh prisons and reactivity/positivity rate (%) for anti-HCV and HCV-RNA, by test, prison, and year, 2015-2024.

		Number reactive/positive (% reactivity/positivity)									
Test	**Requesting site**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**
Hepatitis C Antibody (Anti-HCV)	HMP Berwyn	-	-	28 (9.5)	56 (8.4)	95 (9.7)	44 (9.6)	97 (9.1)	105 (7.7)	265 (7.0)	331 (7.2)
	HMP Parc	52 (8.2)	62 (6.3)	115 (7.8)	36 (3.5)	52 (4.1)	33 (6.8)	16 (8.0)	111 (18.3)	58 (7.8)	148 (6.6)
	HMP Cardiff	54 (15.3)	143 (12.9)	200 (14.0)	138 (11.5)	176 (12.9)	78 (14.7)	78 (12.0)	41 (13.5)	40 (19.7)	129 (10.4)
	HMP Swansea	24 (28.9)	32 (23.0)	62 (24.5)	38 (16.0)	38 (14.6)	15 (32.6)	<5 (7.3)	6 (10.7)	8 (12.3)	26 (10.1)
	HMP Usk	0 (0.0)	<5 (1.6)	<5 (1.3)	<5 (1.2)	<5 (0.7)	<5 (0.9)	<5 (0.9)	<5 (1.3)	<5 (0.5)	<5 (1.1)
	HMP Prescoed	5 (5.0)	<5 (3.4)	<10 (2.5)	<10 (1.9)	<15 (2.7)	<10 (3.0)	8 (2.9)	<5 (0.8)	<10 (2.4)	<5 (1.5)
	Total	**134 (10.8)**	**243 (9.4)**	**409 (11.0)**	**275 (7.5)**	**371 (8.3)**	**177 (9.7)**	**203 (8.3)**	**266 (9.8)**	**376 (7.1)**	**628 (7.3)**
Hepatitis C PCR	HMP Berwyn	-	-	<15 (45.5)	<20 (40.5)	20 (14.5)	41 (28.1)	56 (27.9)	62 (22.4)	76 (16.0)	89 (13.5)
	HMP Parc	28 (54.9)	32 (62.7)	37 (48.1)	18 (27.7)	34 (34.3)	<15 (20.3)	10 (21.3)	35 (19.1)	15 (18.3)	21 (11.9)
	HMP Cardiff	41 (78.8)	82 (68.3)	78 (52.7)	91 (58.0)	73 (37.6)	30 (39.0)	26 (37.1)	29 (28.4)	17 (30.4)	47 (26.1)
	HMP Swansea	<15 (56.0)	24 (58.5)	37 (66.1)	32 (55.2)	65 (34.2)	16 (29.6)	22 (35.5)	17 (29.3)	20 (32.3)	19 (27.1)
	HMP Usk	-	<5 (60.0)	-	0 (0.0)	<5 (25.0)	0 (0.0)	<5 (33.3)	0 (0.0)	0 (0.0)	0 (0.0)
	HMP Prescoed	<5 (33.3)	<10 (83.3)	<5 (100.0)	<5 (11.1)	<5 (6.7)	<5 (22.2)	<5 (6.7)	0 (0.0)	0 (0.0)	0 (0.0)
	Total	**84 (63.6)**	**144 (65.2)**	**162 (54.0)**	**157 (48.0)**	**193 (30.7)**	**100 (29.0)**	**116 (29.6)**	**141 (23.3)**	**125 (18.5)**	**172 (16.1)**

Source: LIMS, 2025

4.7 Substance misuse and allied services

Screening

Routine opt-out BBV screening on at least an annual basis is recommended for all those in contact with substance misuse and allied services including supported housing and homelessness services and community-based criminal justice services.[15,16] People who inject drugs (current or ever) represent those at highest risk of BBV infection. The Harm Reduction Database Wales (HRD) provides a system for recording harm reduction activity in substance misuse and allied services across Wales, including screening and diagnosis of viral hepatitis.

BBV screening coverage within Substance Misuse Treatment Services (KPI6)

In 2024-25, there were a total of 15,299 individuals in contact with substance misuse treatment services and recorded on the Welsh National Database for Substance Misuse (WNDSM) and requiring routine BBV screening in Wales. Testing coverage for Wales overall was 29.7%, up from 17.0% in 2023-24 with substantial geographic variation by Health Board of residence (Table 29).

[15] Welsh Government. 2017. Welsh Health Circular WHC/2017/048

[16] BBV screening data capture commenced in 2016, however, HCV-RNA confirmatory testing from a dried blood spot test was initiated in 2018. As such, data is routinely reported from this year on.

Table 29 – Hepatitis C testing coverage of individuals engaged with substance misuse treatment services by Local Authority and Substance Misuse Area Planning Board 2024-25.

	No. of current clients on WNDSM	No. offered HCV test	% offered HCV test	No. HCV tested and matched to WNDSM	% HCV tested & matched to WNDSM (KPI)
	(a)	(b)	(c)	(d)	(e)
Neath Port Talbot (f)	720	234	32.5	220	30.6
Swansea (f)	2,023	686	33.9	642	31.7
Western Bay	**2,743**	**920**	**33.5**	**862**	**31.4**
Cardiff	2,378	740	31.1	545	22.9
Vale of Glamorgan	487	343	70.4	298	61.2
Cardiff and Vale	**2,865**	**1,083**	**37.8**	**843**	**29.4**
Bridgend (f)	578	81	14.0	77	13.3
Merthyr	504	125	24.8	118	23.4
RCT	1,562	396	25.4	373	23.9
Cwm Taf Morgannwg	**2,644**	**602**	**22.8**	**568**	**21.5**
Carmarthenshire	478	184	38.5	176	36.8
Ceredigion	236	72	30.5	71	30.1
Pembrokeshire	308	73	23.7	70	22.7
Dyfed	**1,022**	**329**	**32.2**	**317**	**31.0**
Blaenau Gwent	274	161	58.8	143	52.2
Caerphilly	618	243	39.3	229	37.1
Monmouthshire	287	142	49.5	105	36.6
Newport	704	231	32.8	216	30.7
Torfaen	293	88	30.0	87	29.7
Gwent	**2,176**	**865**	**39.8**	**780**	**35.8**
Conwy	521	59	11.3	59	11.3
Denbighshire	392	88	22.4	88	22.4
Flintshire	680	46	6.8	46	6.8
Gwynedd	618	74	12.0	71	11.5
Wrexham	669	79	11.8	79	11.8
Ynys Mon	438	16	3.7	16	3.7
North Wales	**3,318**	**362**	**10.9**	**359**	**10.8**
Powys	531	381	71.8	337	63.5
Powys	**531**	**381**	**71.8**	**337**	**63.5**
WALES TOTAL	**15,299**	**4,542**	**29.7**	**4,066**	**26.6**

(a) The number of current clients is based on the number of individuals open to a drug/alcohol treatment provider as at 1st April 2024. To ensure accuracy, the number of current clients has been obtained directly from Western Bay, as the national database under-represents services in this area, due to the issues with extracting the data from the WCCIS system.

(b) The number of tests offered is based on the number declining a test or accepting a test, where there is also a match to the WNDSM

(c) Percentage is calculated as number declining or accepting a test as percentage of number of current clients on WNDSM

(d) Number of clients showing on the harm reduction database with a date between 1st April 2024 and 31st March 2025, and where there is record match on the WNDSM

(e) Percentage is calculated as number of clients showing on the harm reduction database with a test date in 2024/25 and a match to the WNDSM as percentage of number of current clients on the WNDSM

(f) Agencies within this area are transitioning to the Welsh Community Care Information System (WCCIS) and have been unable to submit regular data. The figure is likely to be under-reported due to the issues with extracting the data from the WCCIS system.

Source: HRD and WNDSM, DCHW, 2024

Diagnosis in substance misuse and allied services

HBsAg

Across Wales in every year 2016-2024, <1% of individuals tested for HBsAg received a positive result.

HCV screening, anti-HCV reactivity and HCV-RNA positivity

Across all substance misuse and allied services in Wales 2020-2024, the proportion of anti-HCV reactivity was 12.6% (Table 30), a decline from the previous five-year period (15.0% in 2019-2023) with substantial geographic variation by health board area of residence. Due to low numbers in the pandemic years 2020-2022, data are presented for the combined 5 year period 2020-2024. Future reports will return to annual reporting.

Table 30 – HCV screening outcomes of substance misuse and allied service clients by health board of residence and type of test, 2020-2024 (combined).

Health Board	Total screened for anti-HCV	Total anti-HCV reactive	Anti-HCV reactive (%)	Total anti-HCV reactive receiving confirmatory PCR[a]	Anti-HCV reactive receiving confirmatory PCR (%)	Total HCV-RNA positive	HCV-RNA positive (%)
Aneurin Bevan	2,308	203	8.8	189	93.1	82	43.4
Betsi Cadwaladr	1,571	302	19.2	270	89.4	120	44.4
Cardiff and Vale	2,898	303	10.5	241	79.5	95	39.4
Cwm Taf Morgannwg	1,323	157	11.9	127	80.9	50	39.4
Hywel Dda	576	56	9.7	34	60.7	16	47.1
Powys	748	24	3.2	19	79.2	9	47.4
Swansea Bay	4,562	739	16.2	675	91.3	239	35.4
Wales	13,786	1,743	12.6	1,515	86.9	595	39.3

[a] with valid test result recorded on HRD

Source HRD, 2025

Compared to all individuals with a valid anti-HCV test performed in SMS and allied services, anti-HCV reactivity is over twice as high amongst those identified as people who inject drugs (PWID), the population at highest risk of HCV infection and transmission (Table 31).

Table 31 – Proportion of current and recent ex-PWID (injected in last 12 months) injecting psychoactive drugs, screened for hepatitis C antibodies, and testing reactive by health board of residence, 2020-2024.

Health Board	Total screened for anti-HCV[a]	Anti-HCV reactive (%)
Aneurin Bevan	300	43 (14.3)
Betsi Cadwaladr	252	93 (36.9)
Cardiff and Vale	197	69 (35)
Cwm Taf Morgannwg	202	60 (29.7)
Hywel Dda	71	17 (23.9)
Powys	62	6 (9.7)
Swansea Bay	336	161 (47.9)
Wales	1,417	465 (32.8)

[a] Includes only individuals reporting injecting psychoactive substances (i.e. opioids or stimulants) with valid test result recorded on HRD

Source HRD, 2025

Demographic profile

The profile of age, sex and risk factors are presented in Table 32.

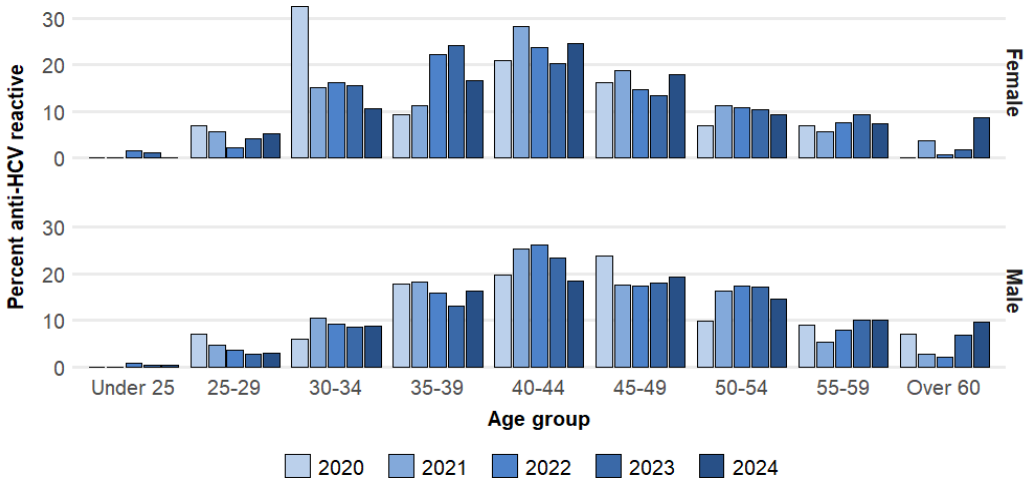
Table 32 – Proportion of individuals receiving HCV screening with substance misuse and allied services, proportion anti-HCV reactive by demographics and risk factors, 2024.

		Individuals screened for anti-HCV			Individuals anti-HCV reactive		
	Demographic / Risk factor group	Individuals with response	Individuals in group	(%)	Individuals screened with valid anti-HCV results	Individuals anti-HCV reactive	(%)
All clients screened	All clients screened	7,281	7,281	100.0	5795	530	9.1
Age	Under 25 years	7,281	603	8.3	<515	<5	0.2
	25-49 years	7,281	5,072	69.7	3994	362	9.1
	50 years and over	7,281	1,606	22.1	1287	167	13.0
Sex	Male	7,281	5,325	73.1	4247	379	8.9
	Female	7,281	1,948	26.8	1543	151	9.8
Substance Use	Ever used drugs[a]	3,187	2,402	75.4	1779	204	11.5
	Ever injected drugs[a]	2,917	1,013	34.7	648	137	21.1
Substances injected (in the last 12 months)	Injected stimulants	1,013	468	46.2	289	64	22.1
	Injected opioids	1,013	677	66.8	410	95	23.2
	Injected stimulants and opioids	1,013	398	39.3	239	54	22.6
	Injected IPEDs	1,013	66	6.5	<50	<5	2.1
Length of injecting career	New initiate (<36 months)	1,013	70	6.9	45	6	13.3
	3-10 years	1,013	224	22.1	150	30	20.0
	>10 years	1,013	572	56.5	343	76	22.2
Frequency of injecting	Injects daily	1,013	537	53.0	323	75	23.2
	Does not inject daily	1,013	410	40.5	264	45	17.0
Prison	Ever been in prison[a]	2,596	840	32.4	564	102	18.1
	Ever used drugs in prison	822	395	48.1	255	57	22.4
	Ever injected in prison	822	48	5.8	24	11	45.8
Sexual History	Had sex in last 12 months[a]	2,424	1,461	60.3	1078	93	8.6
Social economic profile	Non-stable housing (including NFA)	2,259	505	22.4	337	48	14.2
	No fixed abode (NFA)	2,259	268	11.9	183	27	14.8
	Unemployment	2,269	1,475	65.0	1111	160	14.4

[a] refers to primary risk factor questions on the HRD

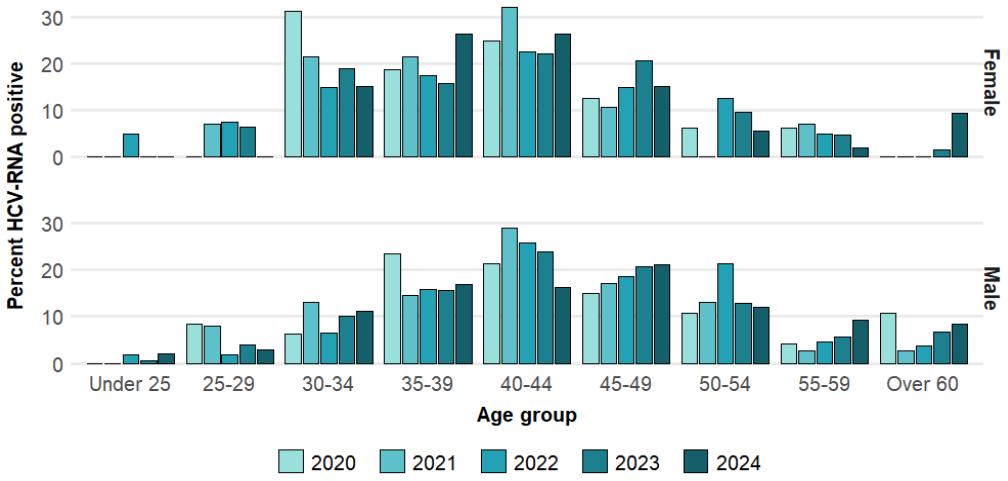
Source HRD, 2025

The reactivity rate (proportion (%) of tests reactive) of those tested for anti-HCV by age group and sex is shown in Figure 12. In 2024, increases in reactivity rates are seen in the 40-44, 45-49 and 60+ age groups for females and in the 30-34, 35-39, 45-49 and 60+ age groups for males. This pattern is broadly consistent with the positivity rate of those tested for HCV-RNA by age and sex is shown in Figure 13.



Source HRD, 2025

Figure 12 – Reactivity rate (%) of those tested for anti-HCV within substance misuse and allied services in Wales by age group, sex and year, 2020-2024.



Source HRD, 2025

Figure 13 – Positivity rate (%) for those tested for HCV-RNA within substance misuse and allied services in Wales by age group, sex and year, 2020-2024.

Treatment

5.1 Hepatitis C (HCV)

Wales – all HCV-RNA positive cases

Prior to 2022, HCV treatment data was provided via non-standardised reports. From 2022, HCV treatment data has been collected electronically and collated centrally via the HCV e-form Welsh Clinical Portal, providing a more robust mechanism (see Appendix K – HCV treatment data methods and data quality issues).

Between 2015-2024, a total of 3,946 individuals have been diagnosed with chronic HCV infection requiring treatment, including those diagnosed with HM Prisons and specialist substance misuse and allied services.

A total of 3,866 unique individuals have initiated treatment since 2015 and includes individuals diagnosed prior to 2015. Table 33 summarises the number initiating treatment by year and health board.[17,18,19] Included in these totals, 25 individuals across all years commenced treatment in Powys Teaching Health Board. Individuals starting treatment within HM Prisons in Wales are included in the treatment counts for the respective health board, accounting for 173 individuals since 2015. Trends in age group for individuals starting treatment can be seen in Figure 14.[20]

Table 33 – Number of individuals commencing HCV treatment by health board and year, 2015-2024.[21]

Health Board[a]	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Aneurin Bevan	11	96	125	67	33	14	133	31	73	56
Betsi Cadwaladr	24	112	104	116	113	48	22	62	94	70
Cardiff and Vale	41	89	98	176	136	90	100	119	137	148
Cwm Taf Morgannwg	15	61	36	66	44	19	11	10	12	19
Hywel Dda	17	67	58	30	40	12	14	<5	9	23
Swansea Bay	18	54	28	75	91	57	97	125	108	89
Wales[b]	126	585	497	536	462	247	409	349	440	405

[a] Powys and those with an unknown health board are excluded due to low numbers and to reduce risk of deductive disclosure.

[b] The sum of health board numbers may not equal the Wales total as there are a number of individuals with an unknown health board.

Source: Health Board clinical teams and HCV e-form, Welsh Clinical Portal, 2025

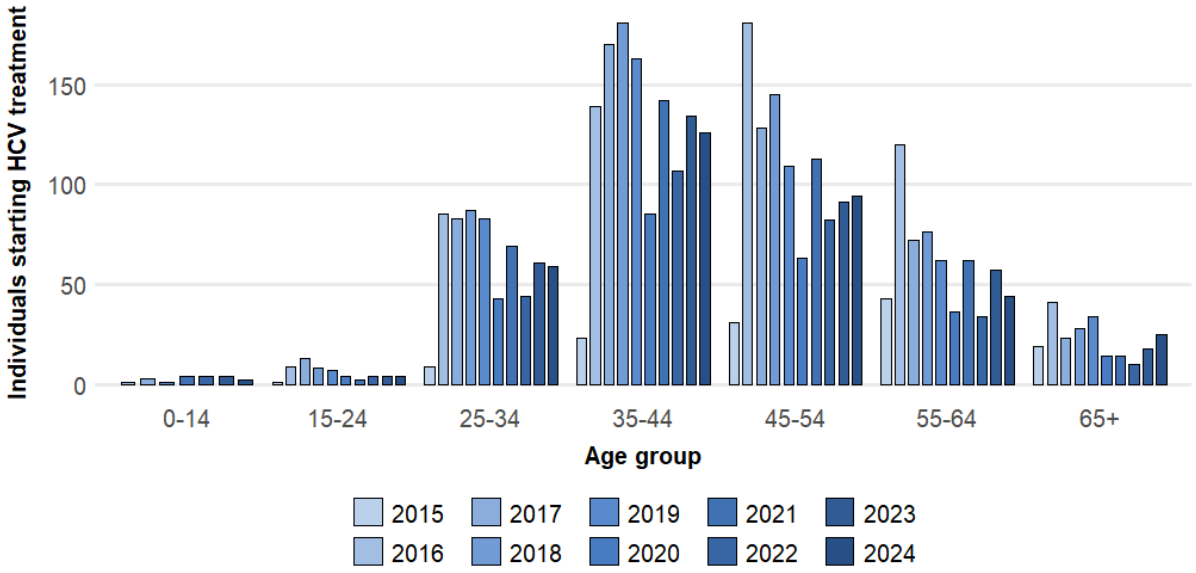
[17] N.B. The individuals initiating treatment in a given year should not be assumed to be the same individuals as those diagnosed HCV-RNA positive in that year.

[18] N.B. May include individuals who are deceased or have relocated outside of Wales.

[19] Due to data quality issues and changes in data access this data may be subject to change and differ from previous publications – See Appendix B.

[20] Age group was not available where date of birth was missing (>1%).

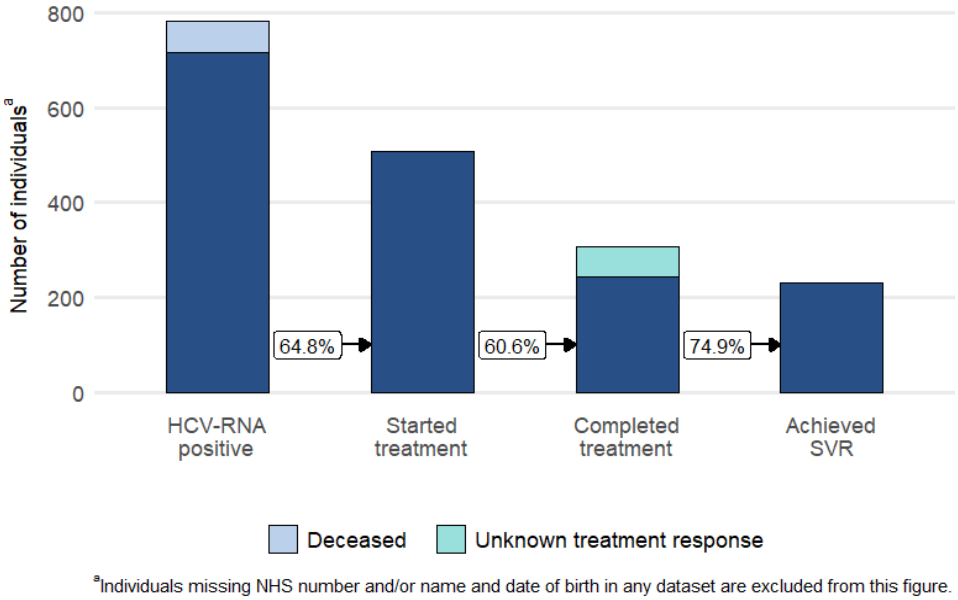
[21] Health board of residence was used in previous publications; therefore, numbers will differ slightly from previous reports. Due to non-standardised recording of treatment prior to 2022, health board numbers for 2015-2021 should be interpreted cautiously and may reflect health board of residence in some cases.



Source: Health Board clinical teams and HCV e-form, Welsh Clinical Portal, 2025

Figure 14 – Number of individuals starting HCV treatment by age group and year, 2015-2024.

Figure 15 outlines the HCV care cascade for individuals diagnosed between 2022 and 2024 and recorded in the HCV e-form Welsh Clinical Portal with an NHS number.[22] Individuals were further matched with ONS data to determine mortality. More detailed data is available in Appendix K, including health board level counts (Appendix L)



Source: LIMS, HCV e-form Welsh Clinical Portal, ONS, 2025

Figure 15 – HCV care cascade for individuals diagnosed with HCV between 2022 and 2024.

[22] These individuals have been matched between LIMS testing data and HCV e-form treatment data and therefore represent the same individuals diagnosed where identifiable information was available to link between the datasets. Work is ongoing to improve treatment data quality

5.2 HCV treatment initiation amongst those engaged with substance misuse services

Individuals engaged with specialist substance misuse services and diagnosed HCV-RNA positive and referred to HCV treatment represent a sub-set of the overall Wales treatment figures.

A total of 595 HCV-RNA confirmed cases diagnosed within substance misuse services required HCV treatment initiation between 2020 and 2024, representing 26% of all confirmed cases in Wales requiring HCV treatment over this period. 531 (89%) of these individuals had identifiable information available for linking with the treatment data. Of these, 443 (83.4%) are recorded as commencing HCV treatment. Table 34 shows the profile of numbers and proportion starting treatment by Health Board of test.

Table 34 - Number of individuals testing HCV-RNA positive in substance misuse and allied services, and the number and proportion starting HCV treatment by health board[23] and year, 2020-2024.

Health board of residence[a]	Individuals positive for HCV-RNA	Individuals starting treatment[b]	% Positive individuals starting treatment
Aneurin Bevan	77	69	89.6
Betsi Cadwaladr	109	63	57.8
Cardiff and Vale	83	78	94.0
Cwm Taf Morgannwg	49	26	53.1
Swansea Bay	196	182	92.9
Wales	531	443	83.4

[a] Powys and Hywel Dda excluded due to low numbers and risk of deductive disclosure.

[b] Where NHS numbers were available in both the HRD and WCP e-form for matching at a patient-level. 64 individuals were missing an NHS number and are excluded from this table.

Source: HRD, Health Board clinical teams and HCV e-form, Welsh Clinical Portal, 2025

[23] Health board of test was used due to availability of postcode of residence in the HRD.

Mortality

This section of the report details mortality data for Hepatitis B virus (HBV) and Hepatitis C virus (HCV) in Wales from 2015 to 2024.

HBV and HCV-related mortality data for Wales comes from the Office for National Statistics (ONS) Mortality Dataset for the years 2015 to 2024. Diagnoses are identified using ICD-10 codes associated with Hepatocellular Carcinoma (HCC) and End-Stage Liver Disease (ESLD) (see Appendix M – Mortality ICD-10 codes and methods). Due to the small number of deaths, figures are presented at a national level. Please note that mortality data are based on the year of death registration rather than the year of death.

6.1 HBV-related Mortality

Wales has had very low numbers of HBV-related deaths since 2015 with 18 deaths recorded overall, of which the majority were male and 72.2% (13) occurred in those aged 55 or over (mean age of 62 years). Of all health boards, Cardiff and Vale recorded the highest number of HBV-related deaths over the period (5; 27.8%). Between 2015 and 2024, the annual mortality rate related to HBV ranged from zero to 0.1 deaths per 100,000 population.

6.2 HCV-related Mortality

There have been 139 deaths related to HCV in total between 2015 and 2024, with the highest number of annual deaths being registered in 2024 (Table 35). The majority of deaths within this period have been amongst males, 82.0% (113) and 71.4% (100) occurred in those aged 55 or over (mean age of 61 years). Of all health boards, Cardiff and Vale UHB recorded the highest number of HCV-related deaths over the period (28; 20.1%).

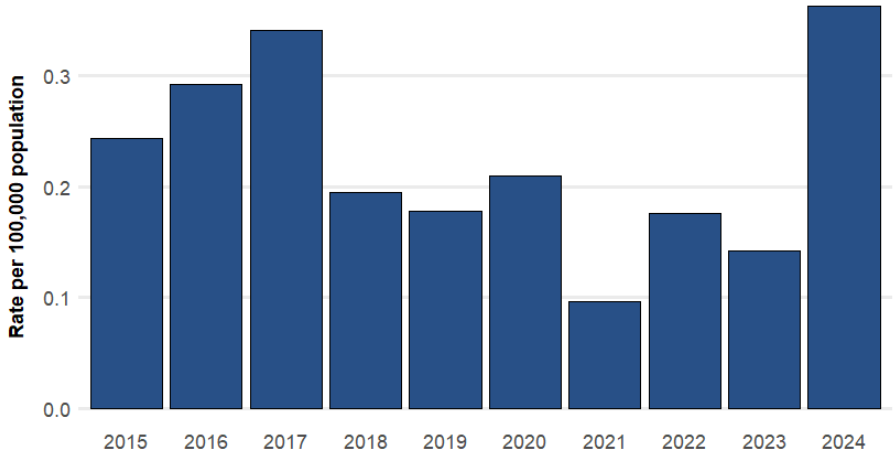
Table 35 Number of deaths related to HCV, by year of registration of death

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Number of deaths	15	18	21	12	11	13	6	11	9	23

Source: ONS, 2025

Figure 16 presents the HCV-related death rate per 100,000 population in Wales from 2015 to 2024. While this figure suggests a decline followed by a peak in 2017, trends should be interpreted with caution.

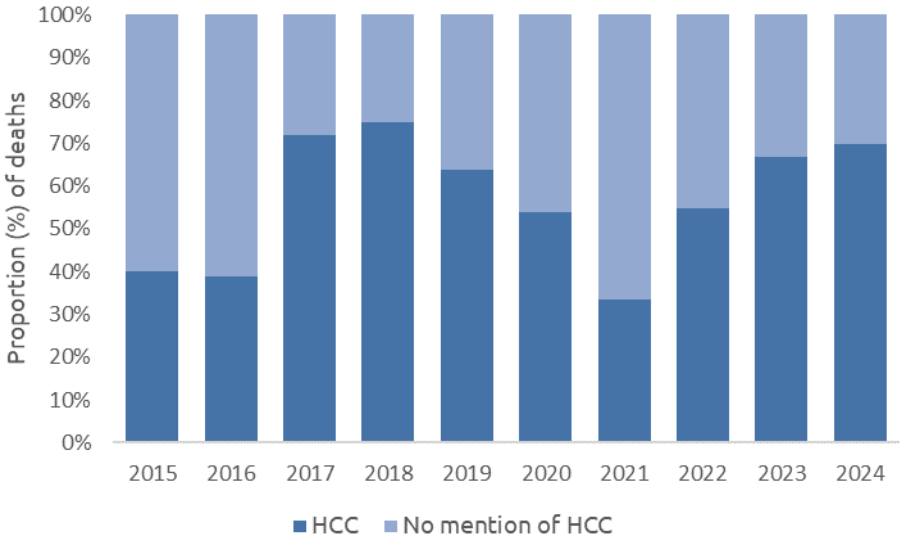
In 2024, higher rates were observed among males (7.4 deaths per 100,000 population) and individuals aged between 75-79 (4.0 deaths per 100,000 population). Cardiff and Vale UHB had a higher mortality rate than other health boards in 2024 (1.7 deaths per 100,000 population) representing the highest crude mortality rate observed in any health board since 2015 (n=9). Caution is advised when interpreting small numbers.



Source: ONS, 2025

Figure 16 – HCV related mortality rate per 100,000 population, by year of registration, 2015 to 2024.

When focussing on underlying cause of death, the proportion due to Hepatocellular carcinoma (HCC) is important to note (Figure 17). In 2024, as has been the trend in recent years excluding 2020-21, HCC contributed to over 60% of deaths amongst HCV cases demonstrating that mortality due to Hepatocellular carcinoma (HCC) is driven by viral hepatitis and further highlights the HCV treatment contribution may make to cancer prevention work.



Source: ONS, 2025

Figure 17 – Proportion of deaths in HCV cases in Wales accounted for by Hepatocellular carcinoma (HCC) by year of registration of death, 2015 to 2024.

Combined HV and HCV Mortality Rates

The combined mortality rate fell from 0.55 deaths per 100,000 population in 2015 to 0.38 deaths per 100,000 population in 2023, followed by the highest rate observed in 2024 at 0.79 deaths per 100,000 population.

Appendices

Appendix A – Data Sources

A number of data sources have been utilised in the production of this report:

Laboratory Information Management Service

Laboratory Information Management System (LIMS) is a computerised information system into which laboratory staff key in requests from NHS clinical and community based services for pathology tests to be undertaken. Samples are fed through pathology analysers which are connected to the LIMS, and which pass the measurements and the results data to LIMS via dedicated interfaces. Test results are then aligned to the patients' identity by LIMS ready for use by the clinical teams.

The LIMS data source includes all laboratory tests undertaken in NHS Wales laboratories and as such provides information on the whole population in Wales.

Wales HCV Laboratory Database (HCV Registry)

The HCV Registry is a Public Health Wales database which combines all historical data from the laboratory systems in Wales as well as the new medical records after its implementation. This data source provides the ability to track the diagnostic pathway of individuals tested for Hepatitis C.

The HCV Registry is a subset of the LIMS data and as such provides information on all individuals in Wales with laboratory test results relating to hepatitis C.

Welsh Clinical Portal – HCV e-form

An electronic data system developed by DHCW with input from PHW and Health Boards and used by health boards for the clinical management of hepatitis C infection and treatment. Adoption of this system up to 2021 has varied by Health Board, however, from 2022 is the sole source of HCV treatment utilised.

Prior to 2021, figures relating to hepatitis C treatment were collected though a paper-based system in collaboration with local treatment teams. Further details can be found in Appendix.

Harm Reduction Database Wales (HRD)

Public Health Wales implemented the national Harm Reduction Database Wales (HRD) in 2011. The HRD is a web-based modular tool for the recording of demographic, behavioural risk, and outcome data on a range of harm reduction interventions, including Needle and Syringe Programmes (NSPs) and BBV screening in specialist substance misuse, community-based criminal justice, and housing/homelessness settings. Only those individuals who are in contact with the above services will be represented on this database.

Sexual Health in Wales Surveillance Scheme (SWS)

The Sexual health in Wales Surveillance scheme (SWS) introduced in 2011, collates information from the electronic patient management systems currently used within sexual health clinics in Wales. SWS provides a Wales-wide dataset that includes BBV testing and diagnostic information for individuals utilising sexual health services along with some key

demographic and behavioural data for those individuals such as sex, age, ethnicity, and local authority of residence.

SystmOne

This is an electronic medical record used in all prisons in England and Wales since 2012 and offers a platform for health records to be shared between prisons, so that information can be accessed by all prison healthcare staff as required. This enables a mechanism for establishing prison population size as well as coverage and outcome of BBV screening and diagnosis.

Offender Management Statistics

HM Prison and Probation Service and Ministry of Justice produce routine offender management statistics on stock and flow data including prison populations and probation caseloads in England and Wales. Offender Management Statistics

The Test and Post service (T&P) / The Doctors Lab (TDL)

The Welsh T&P screening programme was established in 2020 by Public Health Wales in collaboration with the government and Local Health Boards (LHBs), as a self-screening postal testing service for BBVs and sexually transmitted infections. Self-screening kits are requested via online or from community settings and completed by individuals. The resultant samples are processed by a private laboratory, The Doctors Lab (TDL), and therefore are not included in LIMS. Results are texted to individuals with signposting to for clinical treatment services as required. All reactive or positive viral hepatitis results identified via T&P require confirmatory testing within NHS services, the results of which are reported via LIMS.

Office for National Statistics

The Office for National Statistics (ONS) provides national and subnational mid-year population estimates for the UK and its constituent countries by administrative area, age, and sex (including components of population change, median age, and population density). Population statistics for gender, age and location of residence are based on 2023 mid-year figures.[24]

[24] Office for National Statistics. Mid-2023 population estimates. ONS mid-year population estimates

Appendix B – WHO elimination targets

The World Health Organization (WHO) has set ambitious targets to combat viral hepatitis as a public health threat by 2030. WHO aims to eliminate hepatitis B and C, and the Welsh Government, in collaboration with health boards and partners, is committed to achieving these goals.

To evidence the progress towards Hepatitis B and C elimination, WHO has set several indicators such as indicators for prevention (including blood safety and harm reduction); HBV vaccination targets; prevention of mother to child transmission; targets for prevalence, incidence, testing and treatment; and mortality indicators[25]. Alongside these global indicators, the Welsh government has set three additional targets around elimination in prison settings. More detail can be found throughout the remainder of The summary table on the following page highlights the achievement of Wales in the elimination of Hepatitis B and C. For some indicators, reliable data or data systems are currently unavailable. Where practical, proxy measures have been established, however, this has not been possible for all indicators. Work is currently ongoing to directly evidence all indicators, involving collaborative modelling efforts with other UK nations and collaborations with other NHS Wales organisations.

Prevention of hepatitis B and C

Indicator A: 0% unsafe injections in healthcare setting

There are clear safety standards and guidance to ensure prevention of unsafe injections within NHS healthcare settings, through 100% use of sterile single-use needles and syringes for all medical injections. However, recent analysis of procurement data in England indicated that only around 85% of all sharps purchased were safety engineered in 2022 (Hepatitis C in England 2023 report). As such, further work is required to establish the proportion of unsafe injections in Wales.

Indicator B: 100% blood donations safety

Wales has **met** this indicator. Data from the Welsh Blood Service indicate that, in addition to the self-completed risk assessment prior to donation, all blood donated as part of the Blood Donor Scheme are tested for hepatitis B and C, and any positives are excluded.

Indicator C: 300 sterile needles and syringes per PWID per year

Wales has **not met** this indicator. Data from the Harm Reduction Database (HRD) indicates that Wales distributed 210 syringes per person who injects drugs (PWID) in 2024.[26] This is 70% of the 300-syringe per PWID per year target suggested by the WHO. **More details on the needle and syringe programme can be found in section 3.3.**

[25] Interim guidance for country validation of viral hepatitis elimination. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO. (https://iris.who.int/bitstream/handle/10665/341652/9789240028395-eng.pdf, Accessed June 18, 2025)

[26] The last year data was available at time of publication.

Summary of the progress towards meeting the WHO elimination targets for hepatitis B and C

	Target indicators	Target met	Type of indicator
Prevention of HBV, HCV and HIV			
A	0% unsafe injections	Yes	WHO
B	100% blood safety	Yes	WHO
C	300 needles/syringes/PWID/year	No	WHO
Hepatitis B – vaccination targets for prevention			
D	≥90% HepB3 vaccine coverage	Yes	WHO
E	≥90% coverage of those infants at risk with targeted HepB-birth dose	Yes	WHO
Hepatitis B – prevention of Mother to Child transmission			
F	≥90% coverage of maternal antenatal HBsAg testing	Evidence not yet available	
G	≥90% coverage with antivirals for those eligible	Evidence not yet available	
H	<0.1% HBsAg prevalence in children ≤ 5 years	Yes	WHO
I	≤2% mother to child HBV transmission rate	Yes	WHO
Prevalence, incidence, testing and treatment HBV and HCV			
J	≥90% of people with HBV diagnosed	No	Proxy
K	≥80% of people diagnosed with HBV and eligible for treatment are treated	No	Proxy
L	95% reduction in HBV incidence compared to 2015	No	WHO
M	Annual HCV incidence of ≤5/100,000 in general population	No	WHO
N	Annual HCV incidence ≤2/100 in people who inject drugs (PWID)	No	WHO
O	≥90% of people with HCV diagnosed	No	Proxy
P	≥80% of people diagnosed with HCV and eligible for treatment are treated	No	WHO
Q	80% reduction in HCV incidence compared to 2015	No	WHO
Prisons in Wales			
R	100% of the prison population being offered HCV test	No	
S	90% of the prison population offered HCV test having then been tested	No	Proxy
T	90% of those diagnosed with HCV having started treatment	No	
Mortality indicators HBV and HCV			
U	65% reduction in HBV related mortality compared to 2015	Yes	WHO
V	65% reduction in HCV related mortality compared to 2015	Yes	WHO
W	≤4 per 100,000 population HBV mortality rate	Yes	WHO
X	≤2 per 100,000 population HCV mortality rate	Yes	WHO
Y	Combined HBV/HCV mortality rate ≤6 per 100,000 population	Yes	WHO

Hepatitis B: vaccination targets for prevention

Indicator D: ≥ 90% of infants receiving at least three doses of the hepatitis B vaccine

Wales has **met** this indicator. Data from Public health Wales's Vaccine Preventable Disease Programme quarterly COVER reports indicate that 94.1% of infants reaching their first birthday in the 2024/25 financial year have been vaccinated against hepatitis B.[27]

Indicator E: ≥90% of infants born to hepatitis B positive mothers receiving hepatitis B vaccine birth dose within 24 hours of birth.

Wales has **met** this indicator. Data from Public Health Wales's Vaccine Preventable Disease Programme's latest Neonatal Hepatitis B Immunisation Report, 2023 indicate that 27 of 28 infants (96%) born to hepatitis B positive mothers received a dose of hepatitis B vaccine within a day of birth or the next day.[28]

Hepatitis B: prevention of mother to child transmission

Indicator F: ≥90% of maternal antenatal Hepatitis B surface Antigen (HBsAg) testing.

Data are currently not available to evidence this indicator. Whilst all pregnant women are offered HBsAg testing, national data on all those offered, accepted, and declined testing is currently unavailable.

Indicator G: ≥90% coverage with antivirals for those eligible

Data are currently not available to evidence this indicator. WHO recommends provision of antivirals for treatment or prophylaxis for ≥90% of HBsAg positive pregnant women with high viral loads (including provision of hepatitis B specific immunoglobulin, HBIg, for babies of highly infectious mothers, if available). Although sufficient data to evidence antiviral coverage for eligible pregnant women is currently unavailable, with the development of the Digital Maternity Cymru Programme, these data should be available in 2026. According to the latest report from Public Health Wales's Vaccine Preventable Disease Programme on Neonatal Hepatitis B Immunisation, 100% of babies born to highly infectious mothers in 2022 received Hepatitis B immunoglobulin but none of the babies born in 2023 needed immunoglobulin.

Indicator H: <0.1% HBsAg prevalence in children ≤5 years.

Wales has **met** this target. Over the last 5 years there have been 5 new infections identified in children under the age of 5 at the date of sample collection. In 2024, data from LIMS showed that there was a 0.002% prevalence of HBsAg in children ≤5 years. More details on hepatitis B testing can be found in section 0 on page 15.

Indicator I: ≤2% mother to child hepatitis B virus transmission rate

Wales has **met** this target. Data from Public Health Wales's Vaccine Preventable Disease Programme's latest Neonatal hepatitis B immunisation report stated that of the babies born to hepatitis B positive mothers and resident in Wales in 2022, 58% were serologically tested for hepatitis B surface antigen by 18 months of age, and none were found to have

[27] The full report can be found at https://phw.nhs.wales/topics/immunisation-and-vaccines/cover-national-childhood-immunisation-uptake-data/cover-archive-folder/annual-reports/vaccine-uptake-in-children-in-wales-cover-annual-report-2023/

[28] Full report can be found at https://phw.nhs.wales/topics/immunisation-and-vaccines/neonatal-hepatitis-b-immunisation/

acquired hepatitis B infection. In 2024, the UK continued in their achievement of WHO certification of ≤2% mother to child HBV transmission rate.

Hepatitis B and C: prevalence, incidence, testing and treatment

Indicator J: ≥90% of people with hepatitis B infection have been diagnosed

Data are currently not available to directly evidence this indicator as an estimate of the prevalence of hepatitis B is required. Work is currently ongoing with other UK nations to provide a prevalence estimate through mathematical modelling. As this is not currently known, proxy indicators have been used which include: number of individuals tested for HBsAg who have no evidence of previous HBV infection; number of newly identified chronic HBV cases; and rate of newly identified chronic cases per 100 people tested.

It is likely that Wales has not met these proxy measures. In 2024, there were 305 newly identified chronic cases of hepatitis B. Further details of hepatitis B testing can be found in section 4.2

Indicator K: ≥80% of people diagnosed with hepatitis B and eligible for treatment are treated.

Data are currently not available to evidence this indicator. Due to the complexities around hepatitis B treatment and treatment eligibility, a proxy measure derived from laboratory test data has been used. Chronically infected individuals were considered to be in treatment or being monitored according to treatment guidance, if evidence exists for ongoing testing on an annual basis at least. Work to provide more reliable evidence for this indicator is ongoing.

It is likely that Wales has not met the above proxy measure. Data from LIMS shows that only 41% of HBV chronic cases were treated in 2024.

Indicator L: A 95% reduction in hepatitis B incidence compared to 2015

Data are currently not available to evidence this indicator. Most people newly identified as infected with hepatitis B have a chronic infection. A chronic infection is a lifelong condition and there are limited details on when a person got infected. Therefore, estimating hepatitis B incidence is difficult. Mathematical modelling work alongside other UK nations is ongoing.

2024 LIMS data shows that there were 305 new cases of chronic hepatitis B, which translates to 30% reduction compared to 2015. In 2024 there were 10 acute infections reported. More details on hepatitis B testing can be found in section 4.2.

Hepatitis C

Indicator M: Annual hepatitis C incidence of ≤5 per 100,000 in the general population.

Data are currently not available to directly evidence this indicator. Most people newly identified with hepatitis C have a chronic infection and there are limited details on when a person was infected. Therefore, estimating hepatitis C incidence is difficult. Mathematical modelling work alongside other UK nations is ongoing.

To indirectly evidence this indicator, a proxy measure of annual incidence rate has been defined as the number of persons without prior history of infection, tested for HCV infection, and the number and proportion who have a new positive HCV-RNA test.

Wales has not met this proxy indicator. The annual HCV incidence in 2024 was 8.09 per 100,000 in the general population.

Indicator N: Annual HCV incidence of ≤2 per 100 in people who inject drugs (PWID).

Data are currently not available to directly evidence this indicator. To indirectly evidence this, a proxy measure of annual incidence has been defined as the number of PWID, injecting psychoactive drugs and recorded on the HRD, without prior history of infection, tested for HCV (anti-HCV or HCV-RNA) and the number and proportion testing positive per year.

Wales has not met this proxy indicator. In 2024, 11% of PWID were Anti-HCV reactive, while 5.6% were PCR-RNA positive.

Indicator O: ≥90% of people with HCV have been diagnosed.

Data are currently not available for this indicator. To evidence this indicator, the prevalence of people infected with hepatitis C must be established. Mathematical modelling work alongside other UK nations to establish prevalence of hepatitis C is ongoing.

As prevalence is currently unknown, proxy measures have been used to show the number of persons tested, the number reactive (anti-HCV) or positive (HCV-RNA), and percentage positive for chronic HCV infection (HCV-RNA).

It is likely that Wales has not met this proxy measure. In 2024, the number of individuals tested for anti-HCV and HCV-RNA increased by 90.2% and 53% respectively compared to 2015. From 2015 to 2024, the proportion of positive confirmatory (HCV-RNA) tests has decreased by 41.3%. Further details of hepatitis C testing can be found in section 4.3

Indicator P: ≥80% of people diagnosed with HCV and eligible for treatment are treated.

Wales has **not** met this indicator. According to 2024 data from LIMS, of the 597 persons with at least one HCV-RNA positive result, only 332 (56%) received treatment. For more information on hepatitis C treatments, please see section 5.1.

Indicator Q: 80% reduction in HCV incidence compared to 2015.

Wales has **not** met this indicator. In 2024, there were 318 new HCV-RNA positive cases. This equates to a 34% reduction in HCV incidence compared to 2015. For more information on hepatitis C diagnosis, please see section 4.3

Prisons in Wales

Indicator R: 100% of the prison population being offered a hepatitis C test on at least an annual basis.

This is a national target that has been set by the Welsh government. Data have not been previously available to evidence this indicator. However, following the Welsh government's target for BBV testing in prisons, developmental work using SystmOne data within prisons in Wales was initiated in mid-2024. Between July and December 2024, about 79% of the prison population were offered a BBV test (including hepatitis C).

Indicator S: 90% of the prison population offered hepatitis C test having then been tested.

Data are currently not available to evidence this indicator. However, based on available data from SystmOne and the laboratory, an average of 74% of the prison population were screened for BBV (including hepatitis C) between July and December 2024.

In 2024, across Welsh prisons, 7,689 individuals were screened for HCV antibody (Anti-HCV); 802 were tested for HCV-RNA; and 7,692 were tested for hepatitis B surface antigen (HBsAg). More details about BBV testing in Welsh prisons can be found in section 4.6

Indicator T: 90% of those diagnosed with hepatitis C in prisons having started treatment.

Welsh prisons have **not** met this target. Based on available LIMS data, in 2024, only 50% of those with positive HCV-RNA test were started on treatment.

Hepatitis B and C: mortality indicators

Indicator U: 65% reduction in hepatitis B related mortality compared to 2015.

Wales has **met** this indicator. ONS mortality data show that hepatitis B related mortality in Wales remains low with 18 deaths reported since 2015. More details on hepatitis B mortality can be found in section 6.1

Indicator V: 65% reduction in hepatitis C related mortality compared to 2015.

Wales has **not** met this indicator. Based on ONS mortality data, there were 23 hepatitis C related deaths reported in 2024 compared to 15 in 2015, an increase of 43.8%. More details on hepatitis C mortality can be found in section 6.2

Indicator W: ≤4 deaths per 100,000 population hepatitis B mortality rate.

Wales has **met** this target. In 2024, there were 0.06 deaths per 100,000 population relating to hepatitis B in Wales.

Indicator X: ≤2 per 100,000 population hepatitis C mortality rate.

Wales has **met** this indicator. In 2024 there were 0.73 deaths per 100,000 population relating to hepatitis C in Wales.

Indicator Y: Combined hepatitis B and hepatitis C mortality rate of ≤6 per 100,000 population.

Wales has **met** this indicator. In 2024 the combined mortality rate for hepatitis B and C in Wales was 0.79 per 100,000 population.

Appendix C – Unique females, without prior history of infection, screened for hepatitis B (HBsAg), by age group, 2024.

Age group	Individuals screened	Rate per 100,000 population	Number of individuals HBsAg positive	Positivity rate (95% CI)[a]
20 - 29	15,564	8334	31	0.20 (0.14 - 0.28)
30 - 39	18,631	9055	51	0.27 (0.21 - 0.36)
40 - 49	5,199	2805	22	0.42 (0.28 - 0.64)
50 - 59	4,769	2127	16	0.34 (0.21 - 0.55)
60 +	9,587	2017	15	0.16 (0.10 - 0.26)
Unknown Age	3	-	0	0.00 (0.00 - 0.00)

[a]Confidence intervals calculated using the Wilson method.

Source: LIMS, 2024

Appendix D – Unique males, without prior history of infection, screened for hepatitis B using a HBsAg test, by age group, 2024.

Age group	Individuals screened	Rate per 100,000 population	Number of individuals HBsAg positive	Positivity rate (95% CI)[a]
20 - 29	6,261	3204	22	0.35 (0.23 - 0.53)
30 - 39	9,169	4682	75	0.82 (0.66 - 1.03)
40 - 49	7,343	4155	60	0.82 (0.64 - 1.05)
50 - 59	6,183	2930	23	0.37 (0.25 - 0.56)
60 +	11,126	2647	18	0.16 (0.10 - 0.26)
Unknown Age	7	-	0	0.00 (0.00 - 0.00)

[a]Confidence intervals calculated using the Wilson method.

Source: LIMS, 2024

Appendix E – Number of anti-HCV and HCV-RNA tests by type of test, 2015-2024.

Year	Venupuncture	Dry Blood Spot	Point of Care	Total Anti-HCV tests	Total HCV-RNA tests
2015	48,226	2,677	0	50,903	3,595
2016	50,414	4,090	0	54,504	5,392
2017	54,219	5,459	0	59,678	5,525
2018	60,868	5,382	379	66,629	4,283
2019	63,111	7,702	1,352	72,165	4,998
2020	45,268	2,963	204	48,435	2,932
2021	55,318	5,145	1,388	61,851	3,204
2022	63,131	6,817	5,323	75,271	3,935
2023	69,755	12,410	2,356	84,521	4,779
2024	81,364	17,059	3,028	101,451	5,630

Source: LIMS, 2025

Appendix F – Rate per 100,000 population tested for anti-HCV by health board, 2015-2024.

Health Board	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Aneurin Bevan	1,032	1,176	1,352	1,439	1,530	1,110	1,287	1,492	1,975	2,328
Betsi Cadwaladr	974	1,033	1,150	1,330	1,366	1,065	1,424	1,744	2,166	2,389
Cardiff and Vale	2,300	2,562	2,856	3,033	3,226	2,162	2,861	3,248	2,894	3,562
Cwm Taf Morgannwg	1,099	1,149	1,155	1,263	1,454	983	1,177	1,901	1,944	2,462
Hywel Dda	973	1,006	1,098	1,089	1,160	752	953	1,167	1,287	1,547
Powys	156	149	150	144	164	154	220	338	352	722
Swansea Bay	2,687	3,073	3,223	3,342	3,629	2,044	2,677	2,681	3,244	3,879
Wales	1,358	1,493	1,624	1,737	1,865	1,252	1,601	1,895	2,128	2,530

Source: LIMS, 2025

Appendix G – Rate per 100,000 population anti-HCV reactive by health board, 2015-2024.

Health Board	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Aneurin Bevan	14.9	19.5	21.5	19.2	32.9	22.3	25.5	25.0	25.7	29.9
Betsi Cadwaladr	27.3	35.8	35.9	47.9	40.7	27.8	48.9	53.3	79.0	76.7
Cardiff and Vale	51.9	66.9	68.4	77.6	87.9	64.9	77.2	92.1	77.2	87.6
Cwm Taf Morgannwg	31.6	31.5	32.8	38.0	39.2	21.2	22.2	54.9	55.3	71.2
Hywel Dda	29.0	27.7	25.1	24.3	22.2	14.9	17.3	17.6	18.3	31.4
Powys	3.8	1.5	3.0	3.8	3.8	4.5	6.7	8.2	8.9	23.8
Swansea Bay	119.2	116.5	108.9	112.5	138.9	77.1	95.8	120.8	134.5	153.5
Wales	40.2	44.8	44.4	49.1	54.8	35.2	45.3	56.6	61.9	70.6

Source: LIMS, 2025

Appendix H – Rate per 100,000 population all HCV-RNA positive by health board, 2015-2024.

Health Board	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Aneurin Bevan	12.6	10.9	13.8	9.6	11.0	5.3	7.6	6.4	6.6	4.9
Betsi Cadwaladr	12.1	14.7	14.6	16.8	15.6	11.5	14.0	13.2	11.6	12.1
Cardiff and Vale	20.9	26.0	23.4	24.4	25.3	10.2	15.0	13.5	14.3	12.5
Cwm Taf Morgannwg	7.6	8.5	6.8	7.7	7.9	3.4	2.9	9.0	6.3	8.3
Hywel Dda	13.4	9.8	6.6	8.2	7.7	3.9	5.5	3.9	7.7	9.0
Powys	1.5	3.0	1.5	0.0	1.5	0.0	2.2	3.0	0.7	3.0
Swansea Bay	37.2	33.7	35.0	30.5	36.6	15.7	16.3	17.2	15.4	16.4
Wales	15.7	16.1	15.7	15.2	16.2	8.1	10.1	10.3	9.9	10.0

Source: LIMS, 2025

Appendix I – Overview of Welsh prison category, function, capacity29, and location.

Prison	Health board	Local authority	Category[a]	Function	Operational capacity
HMP Berwyn	Betsi Cadwaladr	Wrexham	B / C	Training prison (sentenced adults and young men)	2,000
HMP Parc	Cwm Taf Morgannwg	Bridgend	B	Local private prison (sentenced adults, young adults, and young offenders)	1,825
HMP Cardiff	Cardiff and Vale	Cardiff	B	Local remand prison (including adults serving short sentences)	774
HMP Swansea	Swansea Bay	Swansea	B / C	Local sentenced or remand prison	452
HMP Usk	Aneurin Bevan	Monmouthsire	C	Training prison (sentenced adults and young men)	532
HMP Prescoed	Aneurin Bevan	Monmouthsire	D	Open prison	

[a] Security categories range from category A (maximum security) to category D (open prison).

Appendix J – Total BBV tests conducted in prisons by prison, type of test, and year 2015-2024.[30]

Test	Requesting site	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Hepatitis B Surface Antigen (HBsAg)	HMP Berwyn	0	0	293	690	1,016	484	1,113	1,440	4,091	4,960
	HMP Parc	644	1,031	1,493	1,037	1,307	499	211	638	774	2,485
	HMP Cardiff	363	1,158	1,538	1,268	1,447	572	718	321	228	1,355
	HMP Swansea	78	136	250	256	299	50	43	58	68	260
	HMP Usk	75	267	78	288	371	116	232	168	198	281
	HMP Prescoed	105	122	211	358	424	221	279	243	305	278
	Total	**1,265**	**2,714**	**3,863**	**3,897**	**4,864**	**1,942**	**2,596**	**2,868**	**5,664**	**9,619**
Hepatitis C Antibody (Anti-HCV)	HMP Berwyn	0	0	297	696	1,016	463	1,109	1,399	4,065	4,942
	HMP Parc	647	1,035	1,497	1,043	1,306	497	206	641	780	2,484
	HMP Cardiff	366	1,163	1,560	1,271	1,435	565	712	318	226	1,353
	HMP Swansea	84	141	259	253	267	48	41	58	67	260
	HMP Usk	75	263	78	289	371	117	234	170	198	283
	HMP Prescoed	102	122	210	360	425	221	280	243	305	277
	Total	**1,274**	**2,724**	**3,901**	**3,912**	**4,820**	**1,911**	**2,582**	**2,829**	**5,641**	**9,599**
Hepatitis C PCR	HMP Berwyn	0	0	<30	41	161	157	228	326	661	936
	HMP Parc	61	72	86	66	128	68	56	268	103	212
	HMP Cardiff	58	135	165	171	220	88	88	126	70	337
	HMP Swansea	27	43	59	62	239	58	71	64	74	87
	HMP Usk	0	5	0	<5	8	5	<5	<5	<5	<5
	HMP Prescoed	6	11	<5	<10	21	10	<20	<10	<20	<10
	Total	**152**	**266**	**337**	**353**	**777**	**386**	**464**	**791**	**925**	**1,582**

Source: LIMS, 2025

[29] Capacity based on June 2024 Prison Population bulletin: https://www.gov.uk/government/publications/prison-population-monthly-prison-figures-2024

[30] Individuals were identified using patient ID and request location. Tests extracted from LIMS were HBsAg, anti-HCV, HCV PCR and HIV Ag/Ab. Only those tested with a positive or negative result were included - tests with a result of "Not tested", "Insufficient to test", "Invalid", "Inhibitory" or "Result to follow" were excluded.

Appendix K – HCV treatment data methods and data quality issues

Prior to 2022, all health board Treatment records for patients in Wales were shared with PHW via Health Board excel lists and, for some health boards, submissions via the HCV electronic e-form via the Welsh Clinical Portal.

All records from both sources were then collated and deduplicated by first name, second name, and year of treatment start. Date of birth and NHS number were not consistently available and therefore could not be used for deduplication, though this information is used for data from 2022 and onward. Where individuals are listed but do not have a treatment start date, individuals are considered referred but not yet started treatment. Due to discrepancies in name entries for a unique individual, manual deduplication was necessary reduce artificial enhancement of the number of individuals treated each year. Therefore, human error may have impacted the figures presented.

Furthermore, from January 2022 onwards, only treatment records submitted on the electronic e-form are included in reporting. It is possible that the figure for 2022 is artificially low due to records being recorded locally but not on yet recorded via the HCV e-form. Figures will be updated retrospectively in future reports and are therefore subject to change.

Appendix L – HCV care pathway for individuals diagnosed with HCV between 2022 and 2024 (combined), by health board.[31]

Health board[a]	HCV-RNA positive	Started treatment	Completed treatment	Achieved SVR	Deceased[b]	Unknown treatment outcome[c]
Aneurin Bevan	101	83	44	30	11	14
Betsi Cadwaladr	139	73	28	28	14	0
Cardiff and Vale	121	91	57	43	16	12
Cwm Taf Morgannwg	95	32	20	17	8	-
Hywel Dda	88	40	25	16	-	7
Powys	8	-	-	-	0	0
Swansea Bay	138	126	111	80	9	24
Unknown	16	10	-	-	-	-
Wales	**783**	**507**	**307**	**230**	**67**	**63**

[a] Health board of residence as recorded in LIMS at time of diagnosis.

[b] A subset of HCV-RNA positive.

[c] Completed treatment with no outcome recorded.

Appendix M – Mortality ICD-10 codes and methods

The report utilises mortality data from the Office for National Statistics (ONS) Mortality Dataset for the years 2015 to 2024.

Record Selection:

The ONS data provides one record per individual.

Location data (LSOA code) was used to identify deaths occurring within Wales.

[31] Individuals with a missing NHS number and/or name and date of birth in any dataset are excluded from these counts.

Case Identification:

Cases of HBV or HCV-related mortality were identified based on ICD-10 code presence on the death certificate.

HBV: Codes used were "B160", "B161", "B162", "B169", "B181", "B180", alongside related text terms like "HEPATOCELLULAR CARCINOMA" or "HEPATITIS B".

HCV: Codes used were "B171" or "B182", alongside related text terms like "HEPATOCELLULAR CARCINOMA" or "HEPATITIS C".

Additionally, codes for End-Stage Liver Disease (ESLD) were included in the search: "R18" or "I850" or "I983" or "K704" or "K720" or "K721" or "K729" or "K767".

Rate Calculations:

- Mortality rates are expressed per 100,000 population.
- ONS mid-year population estimates for Wales were used to calculate the general population rate for each year.
- When mortality data is further disaggregated by sex or age group, corresponding ONS mid-year population estimates for those breakdowns were used.