Epidemiology of hepatitis B in Ireland

Trends up to 2025

2025 data are undergoing validation and are provisional

June 2026

Acknowledgements

The Health Protection Surveillance Centre (HPSC) would like to sincerely thank the data providers and all who have contributed data, and supported the drafting of the report, including:

- Microbiology laboratories
- National Virus Reference laboratory (NVRL)
- HSE Regional Departments of Public Health
- HSE National hepatitis C Treatment Programme (NHCTP)
- HSE Primary Care Reimbursement Service (PCRS)
- St. James's Hospital emergency department viral screening (EDVS) team
- Irish Prison Service (IPS)
- Irish Blood Transfusion Service (IBTS)
- HSE Sexual Health Programme (SHP)
- HSE National Social Inclusion Office (NSIO)
- HSE Dublin and North-East: HSE Social Inclusion, Balseskin IPAS Centre (formerly the National Reception Centre), Dublin and North-East Refugees & Applicants Seeking Protection (RASP) BBV Rapid Testing and Linking to Care Programme
- Safetynet Primary Care
- International Protection Screening Service (IPSS), St Finbarr's Hospital, Cork
- Consultants in Hepatology/Gastroenterology/Infectious Disease/Genitourinary Medicine
- General Practitioners (GPs)
- Health Advisors
- All other clinical staff involved in the provision of hepatitis data

Summary of Hepatitis B Notifications in Ireland, 2025

Notified cases

572

cases notified

11 per 100,000 population

↓ 5% vs 2024

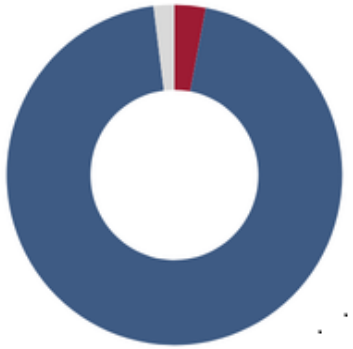
Ten-year pattern

Other than COVID-19 pandemic years (2020 & 2021), notification rates have fluctuated between

10–12 per 100,000 population

Status at diagnosis

Acute/chronic status for hepatitis B cases in 2025



Chronic	95%
Acute	3%
Unknown	2%

Chronic notifications

544 cases

10.6 per 100,000

Acute notifications

17 cases

0.3 per 100,000

Country of birth profile

Country of birth data available for **66% of cases**

4%	86%	10%
Born in Ireland	Born in an endemic country (HBsAg prevalence ≥2%)	Non-endemic country of birth

Among chronic cases

89% Born in an endemic country

1% Born in Ireland

Among acute cases

33% Born in an endemic country

60% Born in Ireland

Interpretation: notifications ≠ incidence

Notifications don't reflect incidence of infection. Chronic hepatitis B cases may have been infected for years or decades before being diagnosed in Ireland.

The low notification rate for acute cases and low proportion of chronic hepatitis B cases born in Ireland suggest that the incidence of infection is likely to be low, while the higher notification rate for chronic cases indicates a considerable burden of disease

Data source: CIDR, 02/06/2026

Public health implications and recommendations

Hepatitis B is vaccine preventable. Notifications data suggest infant and childhood immunisation programmes are working, but routine monitoring could help identify gaps and facilitate targeted interventions to further reduce transmission

Protect infants and children

Antenatal testing, HBIG and birth dose vaccine

- HBsAg testing is offered to all pregnant women
- Babies born to HBsAg-positive mothers should receive HBIG and their first vaccine dose within 12 hours of birth
- Monitoring antenatal testing and the follow-up of exposed infants nationally could help ensure there are no gaps

Childhood immunisation programme

- In the past 10 years, there have been no notifications of hepatitis B in children under 16 years who were born in Ireland.
- Childhood hepatitis B vaccine uptake at 24 months has averaged 94% since introduced in Ireland, but declined to 92% in 2024. Efforts will be required to overcome vaccine hesitancy

Monitor adult vaccine uptake

Identify gaps

- Information on vaccination uptake in adult risk groups is not currently available in Ireland
- A new National Immunisation Information System (NIIS) is under development, with some aspects already operational
- NIIS development provides an opportunity to improve vaccine uptake monitoring in adults
- People who inject drugs are likely to have relatively high immunity due to long-standing vaccination recommendations (1988). Awareness and vaccine uptake may be lower among people who use drugs but do not inject
- Monitoring in risk groups would help guide targeted outreach where uptake is lower.

Improve vaccination uptake in people with sexual risk factors

Acute cases indicate ongoing susceptibility, but case numbers are very low in Ireland

- Sexual exposure is the most common risk factor for acute hepatitis B infection in Ireland
- Self-reported vaccine uptake in gay, bisexual and other men who have sex with men (gbMSM) was 61% in the EMIS 2024 study, and the proportion of sexually acquired cases that are gbMSM, compared to heterosexual, appears to be declining in notified cases in Ireland
- A small number of acute cases are detected each year among people who have sexual exposures in countries where hepatitis B is more common. Targeted advice in travel clinics would be useful

Link diagnosed cases to care and protect contacts

Reduce disease progression and onward transmission

- Most chronic cases are among people born in hepatitis B endemic countries
- Linkage to specialist care and, if clinically appropriate, antiviral treatment to suppress viral replication, will reduce the risk of disease progression
- Testing and vaccination are already recommended for close household and sexual contacts of cases
- Infection control advice, routinely provided by Public Health, can also help prevent onward transmission.

Hepatitis B virus

Hepatitis B virus (HBV) (1)

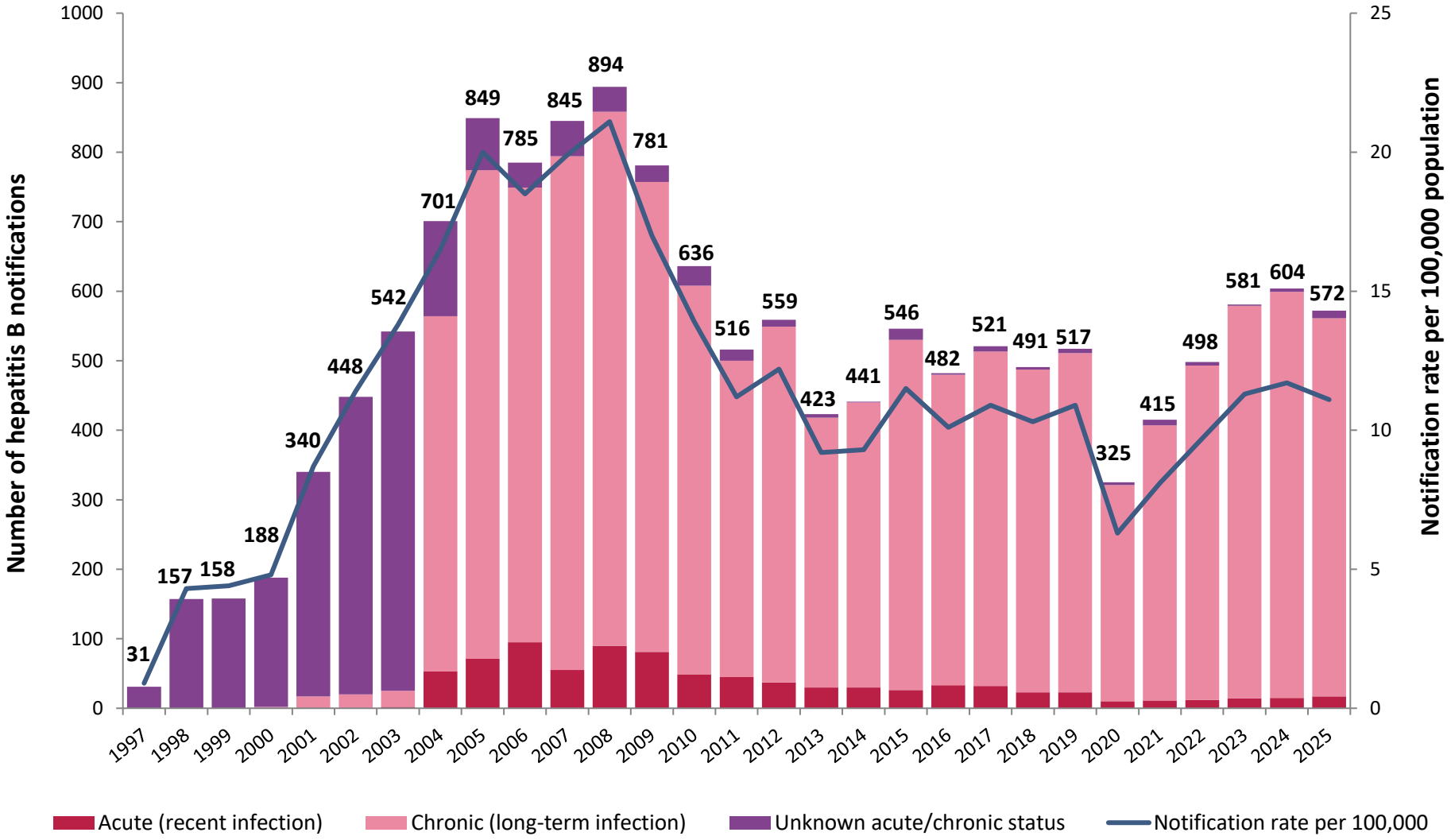
- Hepatitis B is a viral infection, which causes inflammation of the liver
- It is caused by a small DNA virus, which can persist in a stable form in the nucleus of infected host cells (cccDNA), making cure of chronic infection difficult
- HBV is transmitted through contact with semen, blood or other body fluids from an infected person
- **Most common modes of transmission:** unprotected sex, from mother to baby during birth and delivery (common in endemic countries) & sharing needles, syringes and other equipment when injecting drugs
- **Less common modes of transmission:** sharing tooters or straws when snorting cocaine, unscreened blood or blood products (100% screened in Ireland), accidental needlestick/blood or body fluid exposure in healthcare or other settings, household/close contact particularly in early childhood, sharing razors or toothbrushes
- Incubation period (time from infection to onset symptoms) is 1 to 6 months (average 2-3 months)
- **Vaccine preventable** – universal infant vaccination was introduced in Ireland in 2008. Vaccination is also recommended for high-risk groups: Immunisation Guidelines for Ireland

Hepatitis B virus (HBV) (2)

- **Acute cases (new infection, within past 6 months):** <10% children and 30-50% adults develop symptoms when first infected
- Symptoms include; jaundice, dark urine, pale stool, nausea, vomiting, abdominal discomfort, joint pain, fever, anorexia and fatigue
- Severe acute hepatitis can lead to liver failure, but this is very rare, and most adults recover from acute illness without complications
- **Chronic (long-term infection)** develops in 80-90% of those infected with hepatitis B as infants, 30-50% of children <6 years and 5-10% of those infected as adults. Chronic infection can lead to chronic liver disease, cirrhosis, liver cancer and liver failure, usually over 20-30+ years
- The World Health Organization (WHO) estimates that 240 million people are chronically infected with hepatitis B worldwide
- **Long term viral suppression** is possible with treatment using nucleotide and/or nucleoside reverse transcriptase inhibitors (e.g. tenofovir disoproxil fumarate (TDF), entecavir (ETV), tenofovir alafenamide (TAF) or tenofovir in combination with lamivudine/emtricitabine) *WHO Chronic hepatitis B guidelines 2024*, *AASLD chronic hepatitis B guidelines*, *EASL 2025 clinical practice guidelines for hepatitis B*
- Antiviral treatment can slow the progression of liver fibrosis/cirrhosis and improve long term survival, but lifelong treatment is usually required

Hepatitis B notifications in Ireland

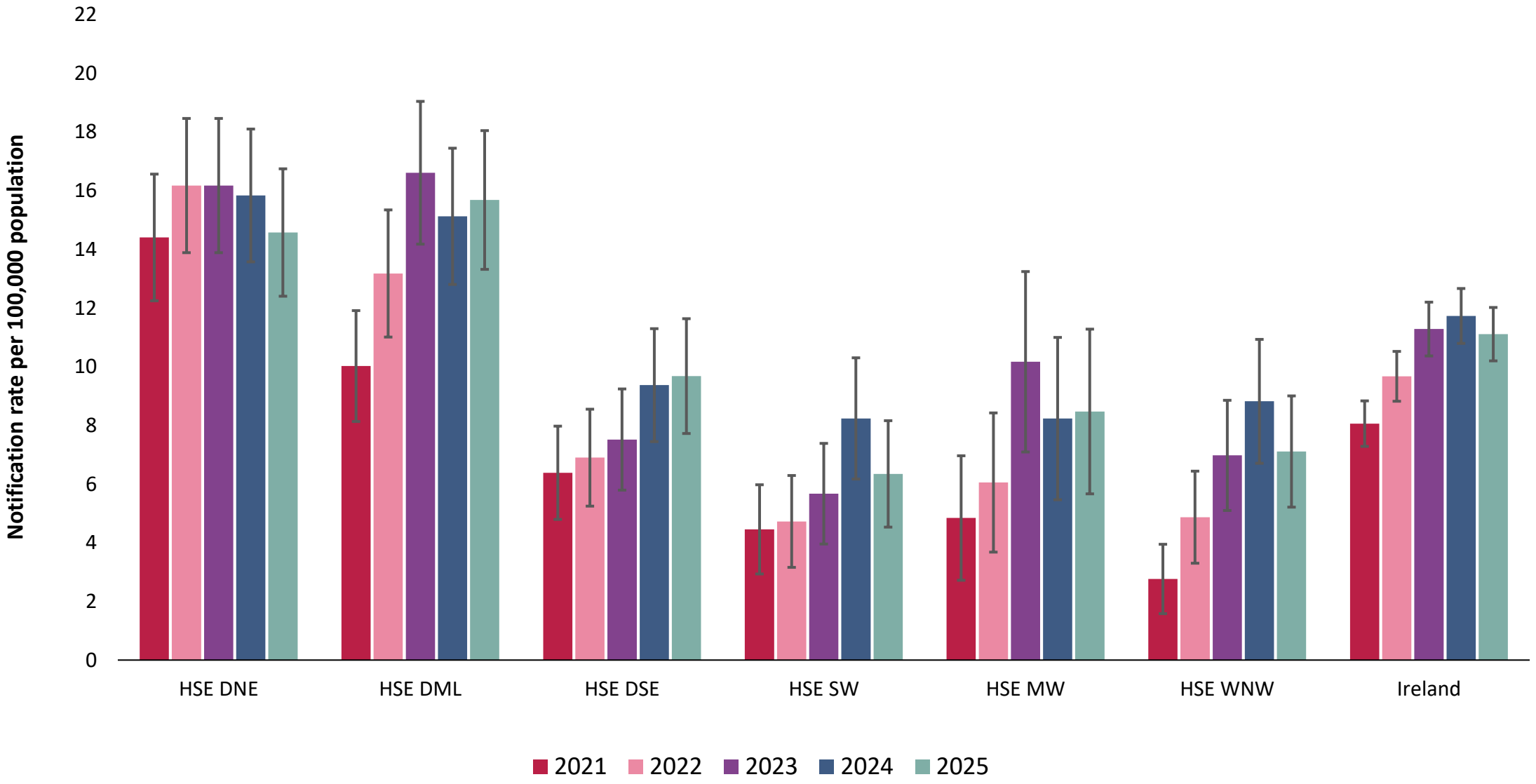
Number of hepatitis B notifications in Ireland by acute chronic status & notification rate per 100,000 population, 1997-2025



- Hepatitis B has been a notifiable disease since late 1981. The average number of annual notifications 1982-1996 was 29
- Hepatitis B notifications were impacted by reduced case ascertainment and changes in migration due to travel restrictions during the COVID-19 pandemic in 2020 & 2021
- Notification rates decreased by 5% between 2024 (11.7/100,000 population) and 2025 (11.1/100,000 population)
- 96% of hepatitis B notifications between 2021 and 2025 were chronic cases (long-term infections), 3% were acute cases (new infections) and status was not known for 1%

Data source: CIDR, 02/06/2026

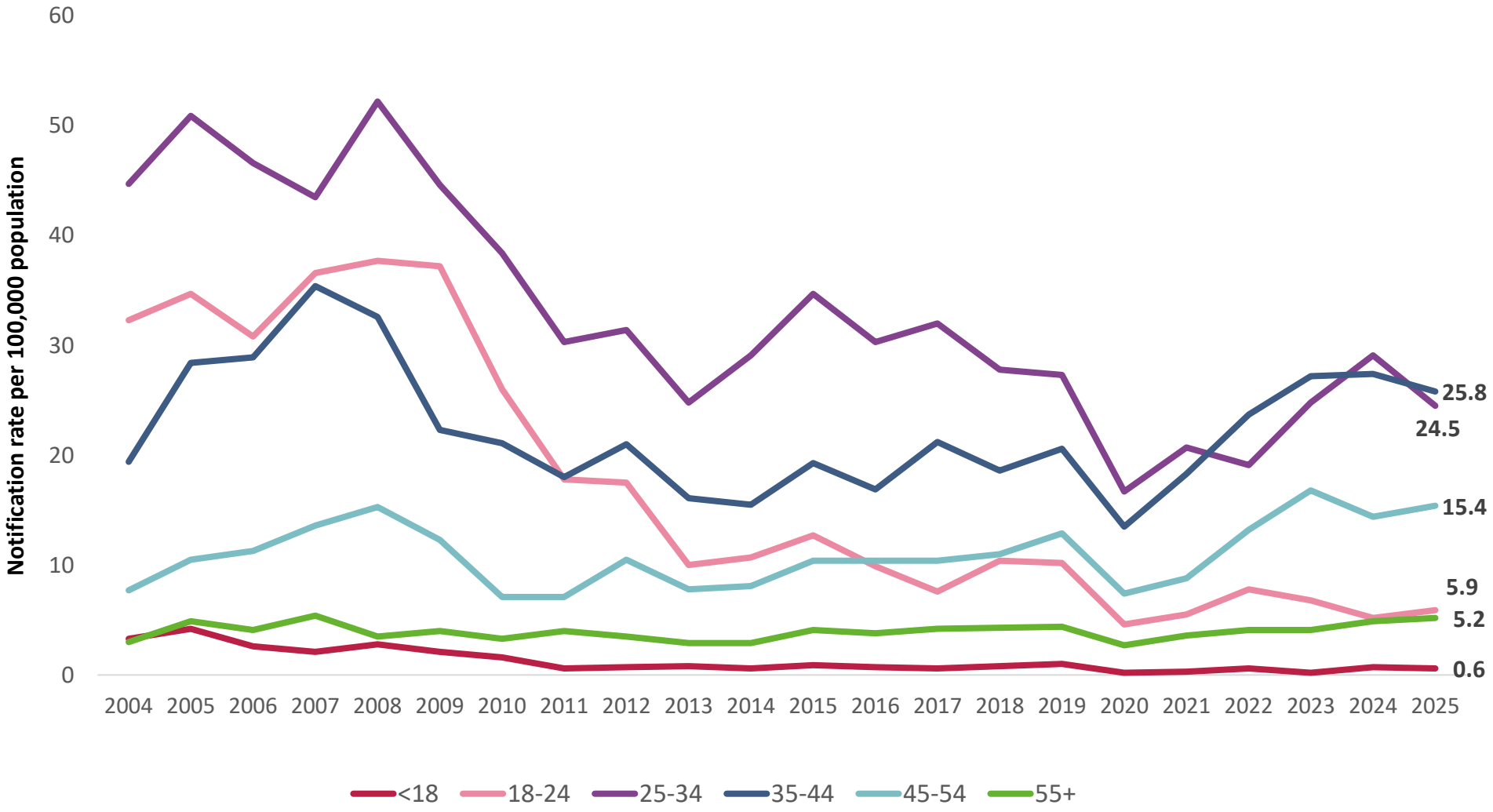
Hepatitis B notification rates per 100,000 population, by HSE health region, 2021-2025



The highest notification rates in recent years were in HSE Dublin and North-East and HSE Dublin and Midlands

Data source: CIDR, 02/06/2026

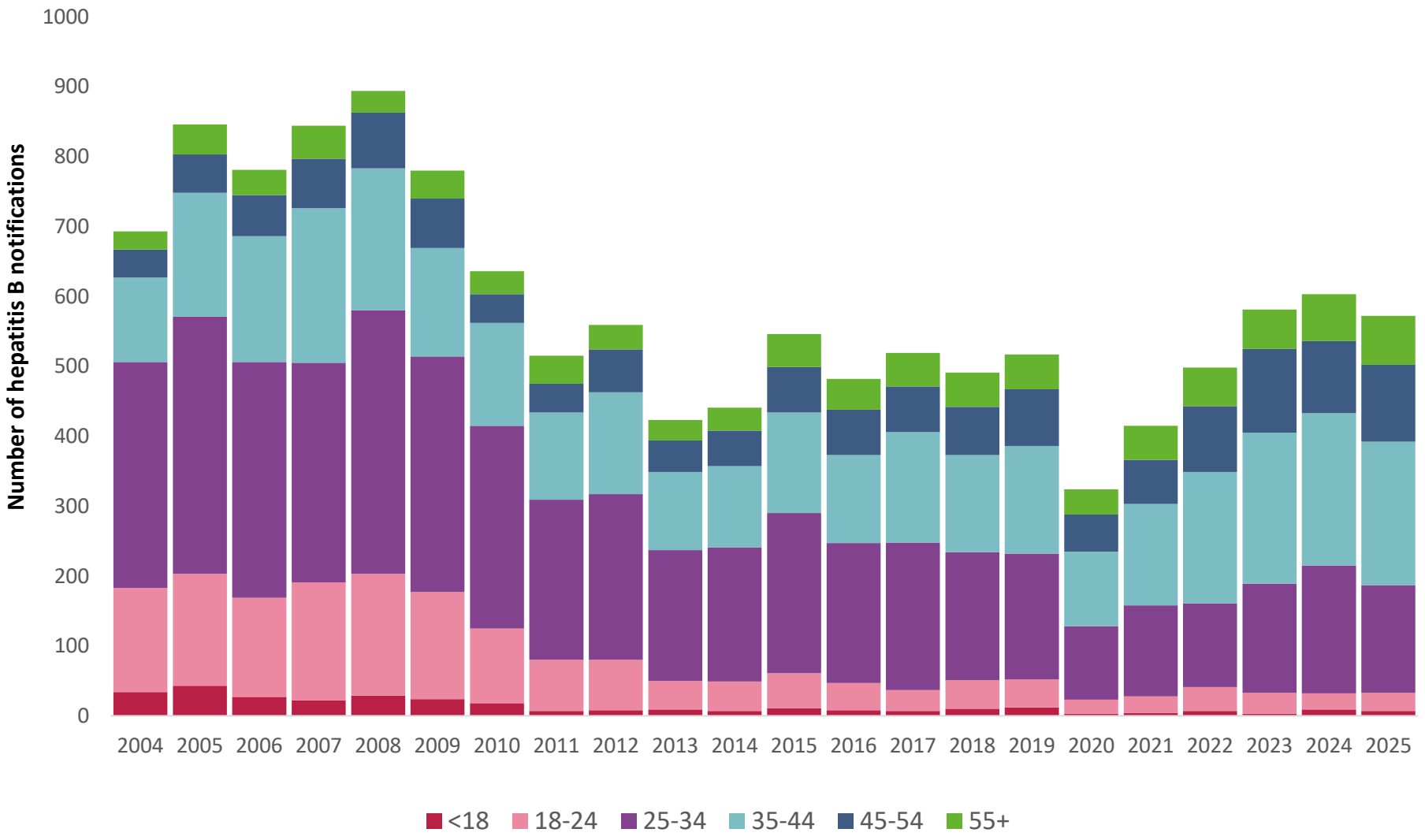
Trends in age specific notification rates per 100,000 population for hepatitis B in Ireland, 2004–2025



- Since 2012, the highest hepatitis B notification rates have been in adults aged 25 to 44 years
- Notification rates in children (<18 years) have decreased since hepatitis B was added to the childhood immunisation schedule in October 2008

Data source: CIDR, 02/06/2026

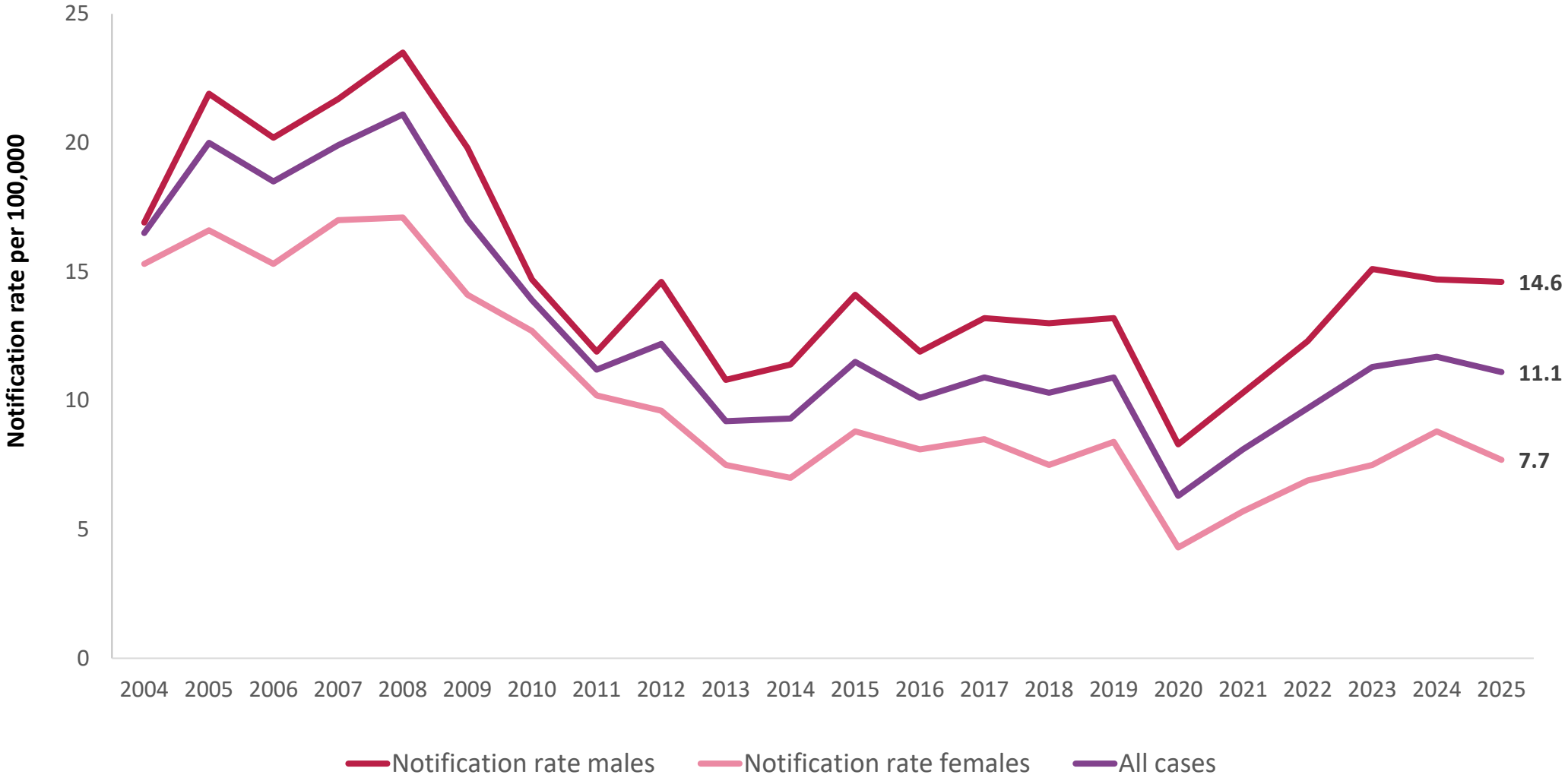
Number of hepatitis B notifications by age group (years) in Ireland, 2004–2025



- The age profile for hepatitis B notifications has gradually increased over time
- All children born in Ireland since 1st July 2008 were eligible for the hepatitis B vaccine
  - 5 cases have been notified in children born in Ireland since July 2008. All were vertically acquired. The most recent year of birth was >10 years ago
  - 25 additional cases notified in this age cohort were born outside Ireland and country of birth was not reported for 7 cases

Data source: CIDR, 02/06/2026

Trends in sex specific notification rates per 100,000 population for hepatitis B in Ireland, 2004–2025



- Hepatitis B notification rates are consistently higher in males
- 65% of notified cases were in males in 2025

  371 males,
  201 females

Data source: CIDR, 02/06/2026

Acute hepatitis B

Recent infection (within the past 6 months)

Summary of acute hepatitis B in Ireland, 2007-2025

Acute cases are infections acquired within the previous 6 months; rates are low in Ireland and have decreased over time

More than 10,000 hepatitis B cases were notified 2007-2025

6% **Acute** **n=633**

Low acute notification rate

0.3 per 100,000 population for the past 3 years

decreased over time

Median age increasing

29 years in 2007 → **52** years in 2025

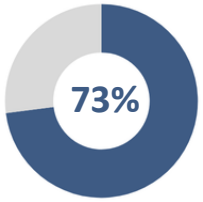
The age profile for acute cases fluctuates annually but has increased over time

Sex

80% of acute cases were male

M:F = 4:1

Mode of transmission



sexually acquired where information on risk factors reported

Sexual orientation reported for 94% of sexually acquired cases

56% heterosexual **44% gbMSM**

Geography of acute cases

Country of birth was reported for 87% & country of infection was reported for 68%

Born in Ireland 70%

among cases with country of birth reported

Infection acquired in Ireland 70%

among cases with country of infection reported

Other reported regions of infection

13% South / South-East Asia

6% Western Europe

The most common country of infection other than Ireland was Thailand

Acute cases in 2025

17 acute cases notified 0.3 per 100,000

11 males | 6 females

Mode of transmission (reported for 13 cases)

31% 'Other' (small numbers for each)

38% Sexually acquired

31% Mode of transmission not determined despite public health follow-up.

Country of birth (reported for 15 cases)

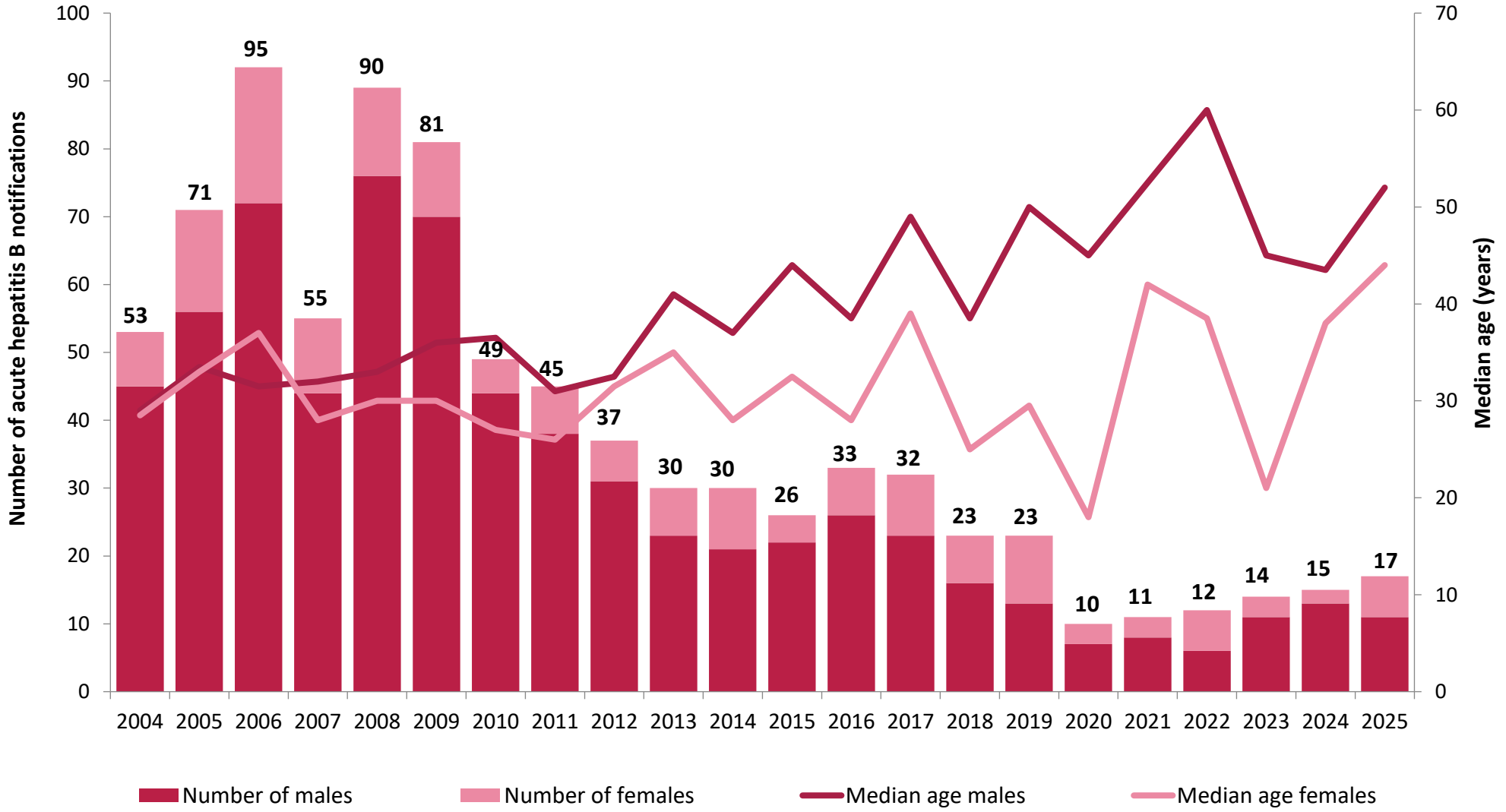
Born in Ireland 60%

Country of infection (reported for 13 cases)

Infection acquired in Ireland 31%

Data source: CIDR, 02/06/2026

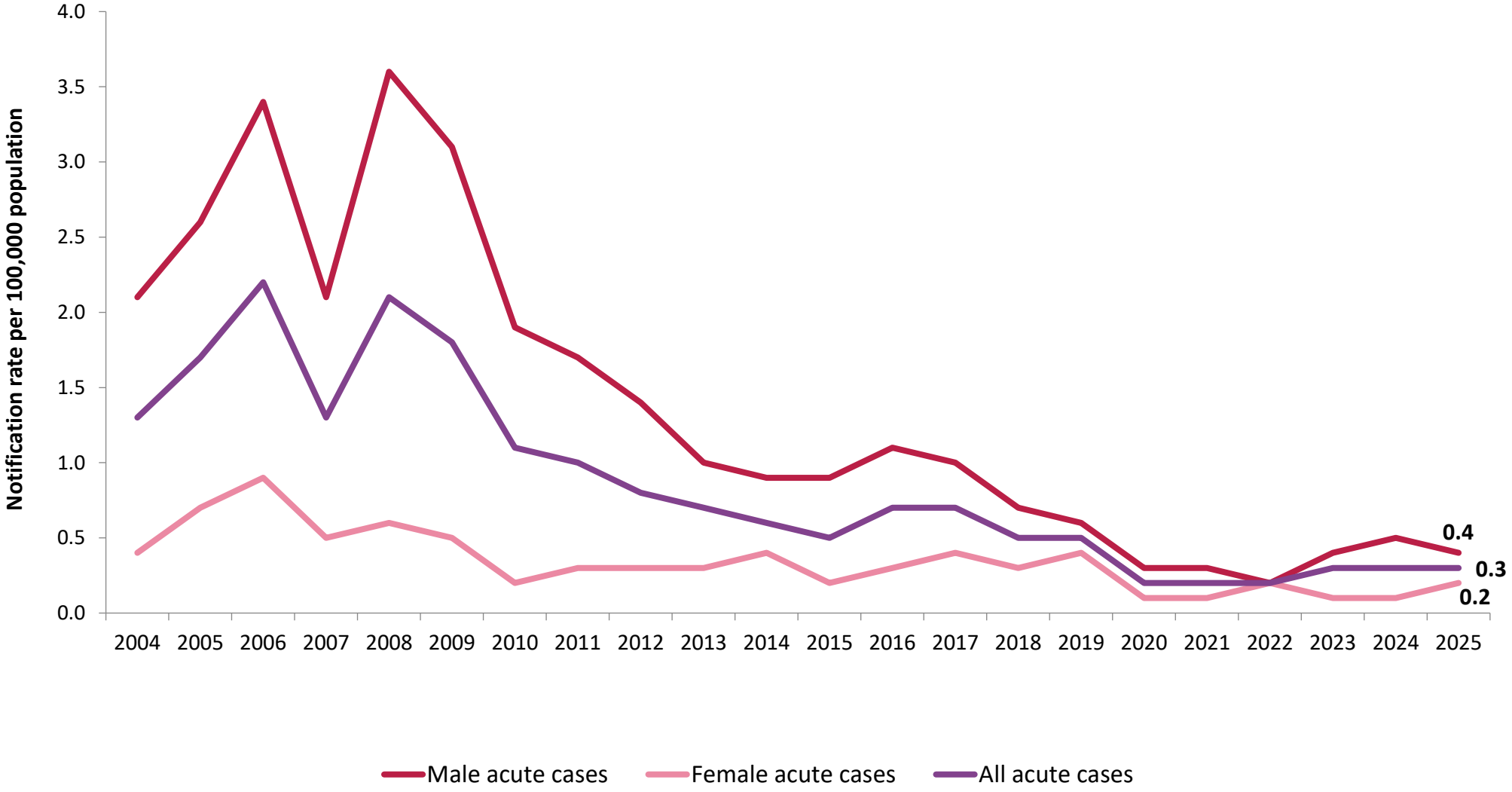
Trends in acute hepatitis B notifications, by sex and median age, 2004–2025, in Ireland



- The number of acute cases of hepatitis B notified annually has declined in recent years in Ireland
- 80% of acute cases notified 2004-2025 were males
- The median age for male acute cases was consistently higher than that for females

Data source: CIDR, 02/06/2026

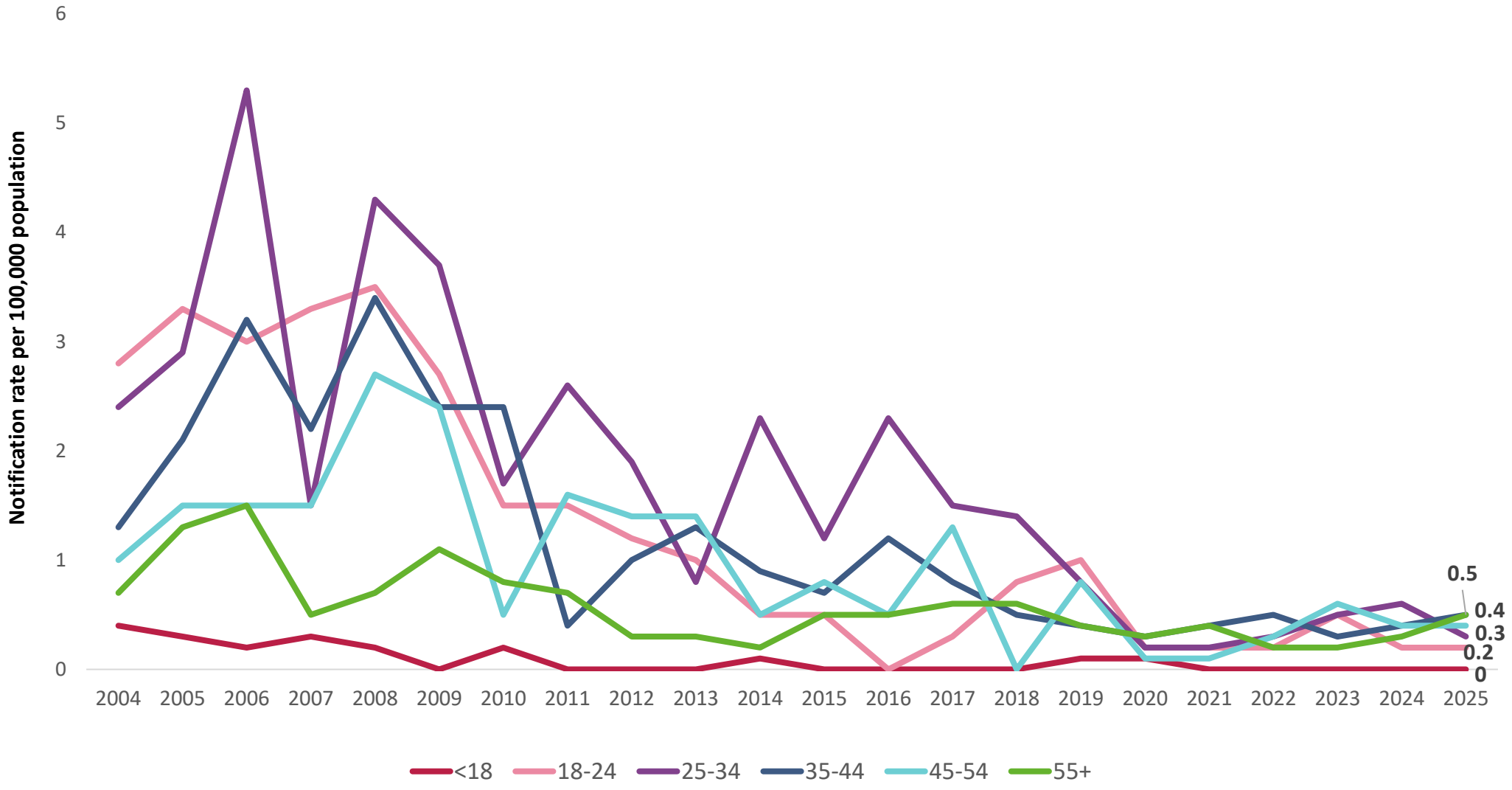
Trends in sex specific notification rates per 100,000 population for acute hepatitis B in Ireland, 2004–2025



- The notification rate for acute hepatitis B has decreased in both males and females over the past 15 years
- Acute hepatitis B notification rates are higher in males (ratio M:F 2021-2025 was 2.6)

Data source: CIDR, 02/06/2026

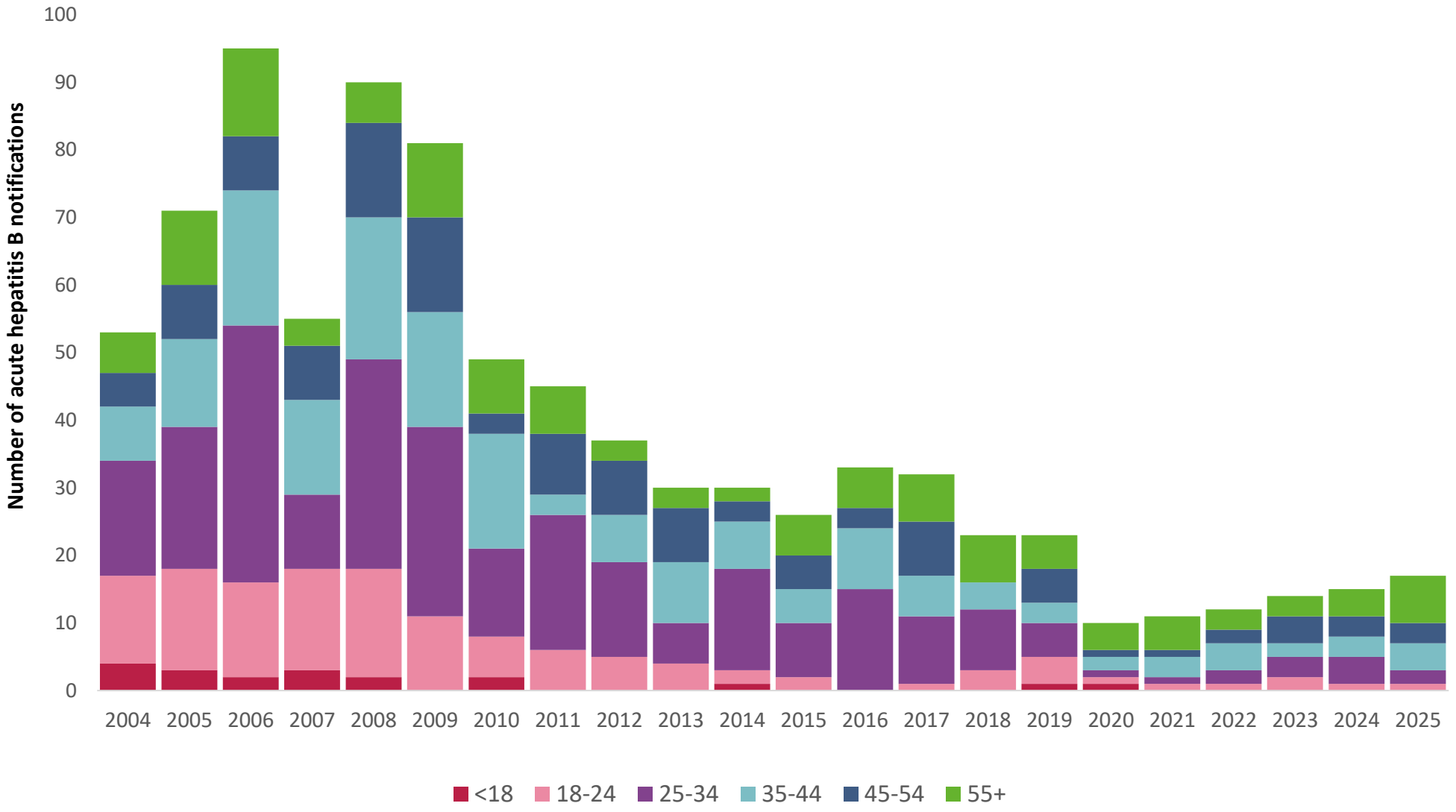
Trends in acute hepatitis B notification rates per 100,000 population by age group 2004-2025



- Acute hepatitis B notification rates have decreased in all age groups over the past 15 years
- Acute cases are rarely reported in children, but are reported at low rates in all adult age groups
- The highest rates in 2025 were in 35-64 year olds

Data source: CIDR, 02/06/2026

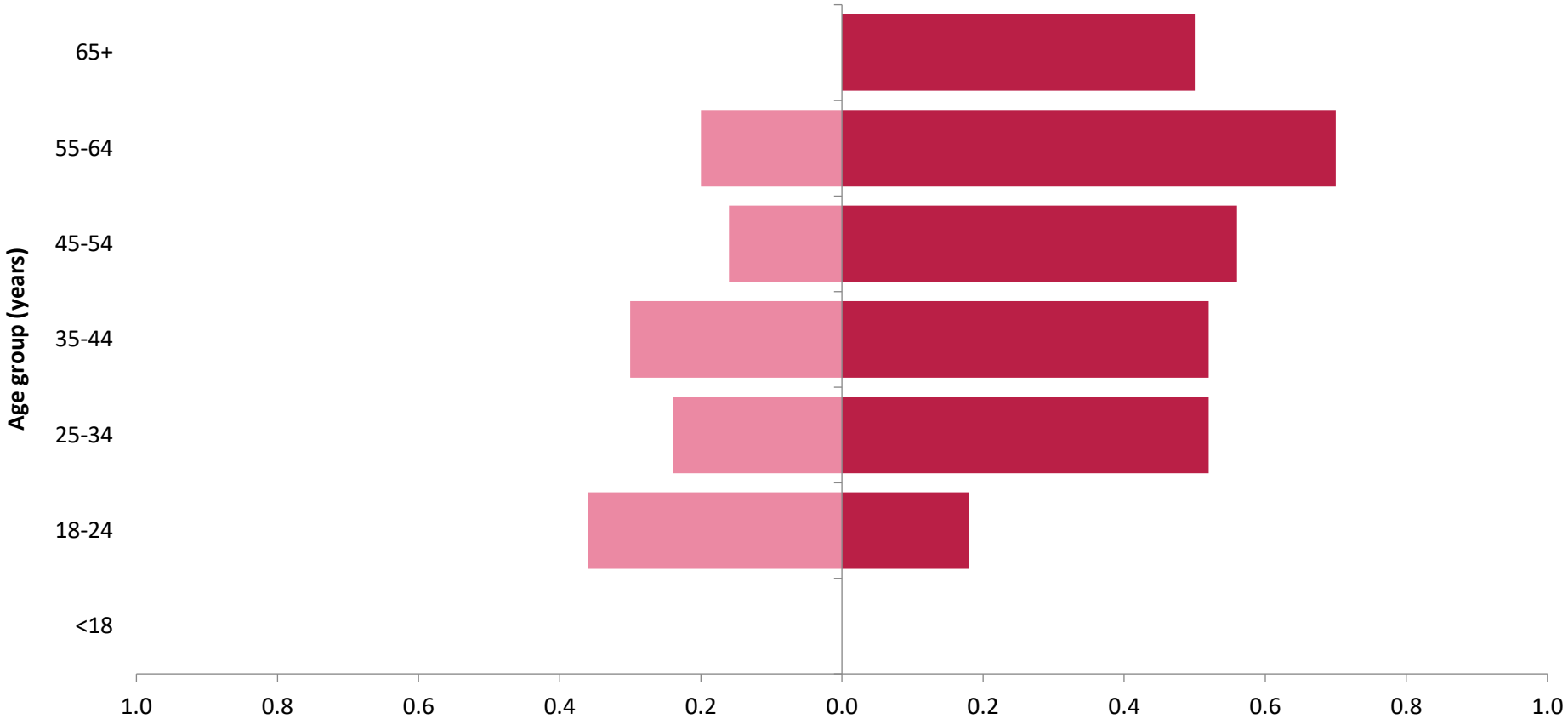
Trends in acute hepatitis B notifications by age group, 2004-2025



- The number of acute cases notified annually 2021 - 2025 ranged from 11 to 17
- The annual median age for acute cases in the past 5 years ranged from 42 to 52 years (45 years overall)

Data source: CIDR, 02/06/2026

Mean annual acute hepatitis B notification rates per 100,000 population, by age and sex, 2021-2025



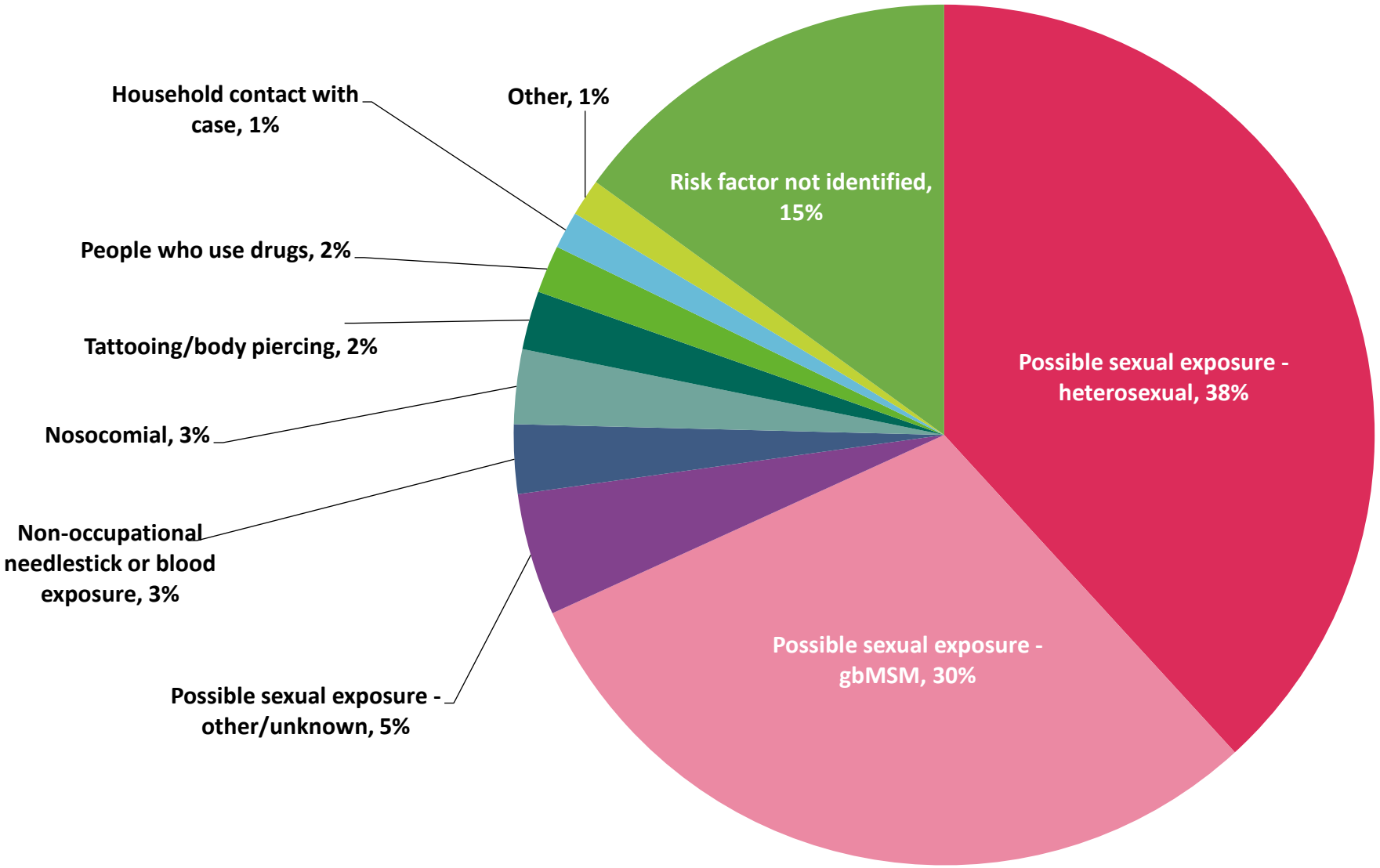
	<18	18-24	25-34	35-44	45-54	55-64	65+
Females	0.00	0.36	0.24	0.30	0.16	0.20	0.00
Males	0.00	0.18	0.52	0.52	0.56	0.7	0.5

Mean annual notification rate for acute hepatitis B per 100,000 population, 2021-2025

- 71% of cases notified 2021-2025 were male
- The age profile differed for male and female acute cases, with higher notification rates for females in younger adult age groups and a more even distribution of notification rates for males across adult age groups 25 years and older

Data source: CIDR, 02/06/2026

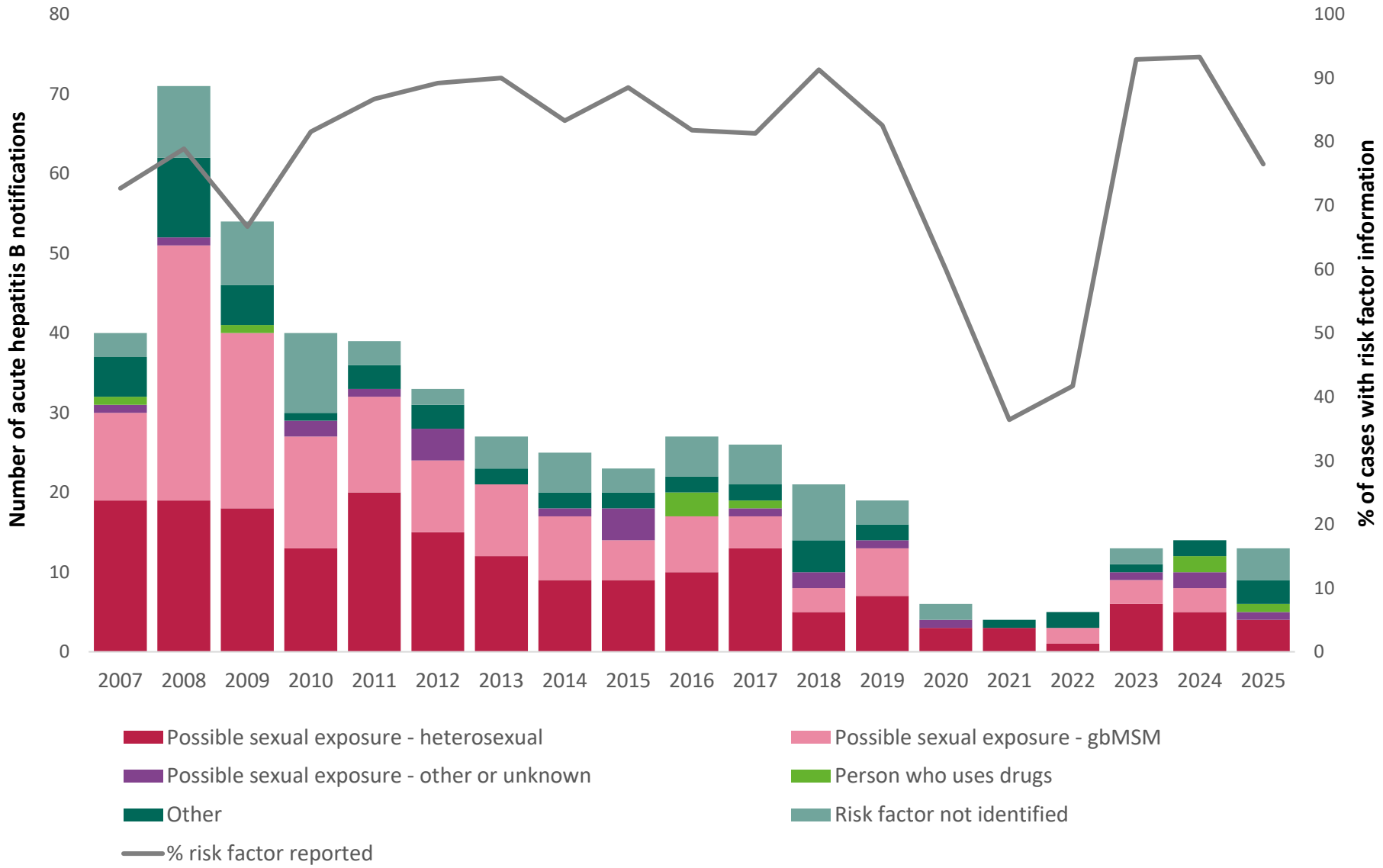
Risk factor/exposure for acute hepatitis B notifications in Ireland, 2007- 2025 (where data available - 79%, n=500)



- Where risk factor was reported, 73% of acute cases were sexually acquired (56% heterosexual, 44% gbMSM)
- Risk factor not identified refers to cases that were followed up by the local Department of Public Health, but for whom the most likely risk factor was not determined (some may have had multiple potential exposures).

Data source: CIDR, 02/06/2026

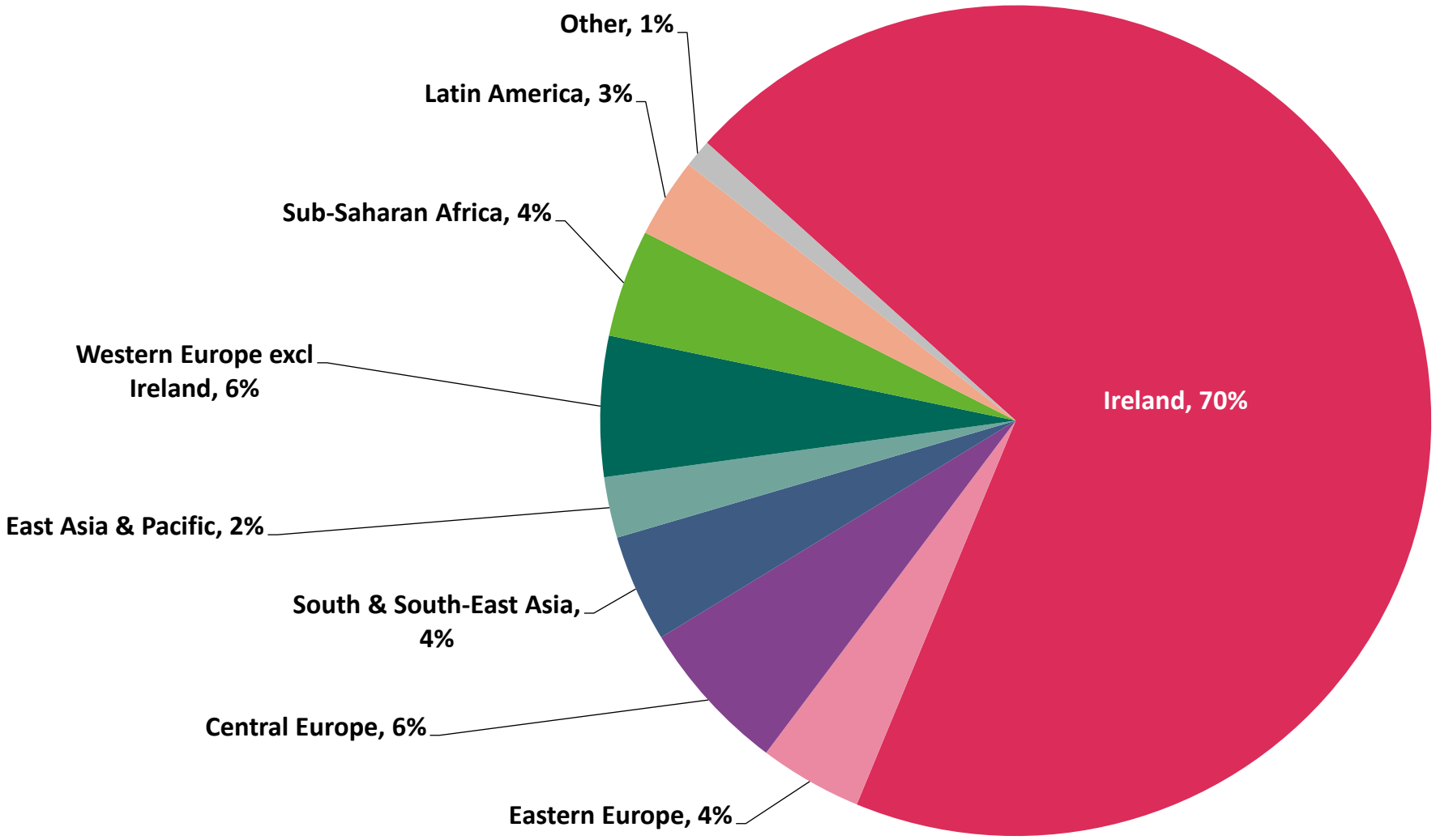
Trends in risk factor/exposure for acute hepatitis B notifications in Ireland, 2007- 2025 (where data available - 79%, n=500)



- The number of acute hepatitis B notifications has been low in recent years and changes in the risk factor distribution should be interpreted with caution
- The most likely risk factor was reported for 77% of acute cases in 2025; 39% of these were reported to have been acquired sexually.
- Sexual transmission may be underestimated as 31% of cases were reported as ‘No known risk factor’ despite public health follow up and this may reflect a reluctance to disclose exposures associated with stigma.
- Risk factor data completeness decreased during the COVID-19 pandemic years

Data source: CIDR, 02/06/2026

Country/region of birth for acute hepatitis B notifications in Ireland, 2007- 2025 (where data available 87%, n=549)



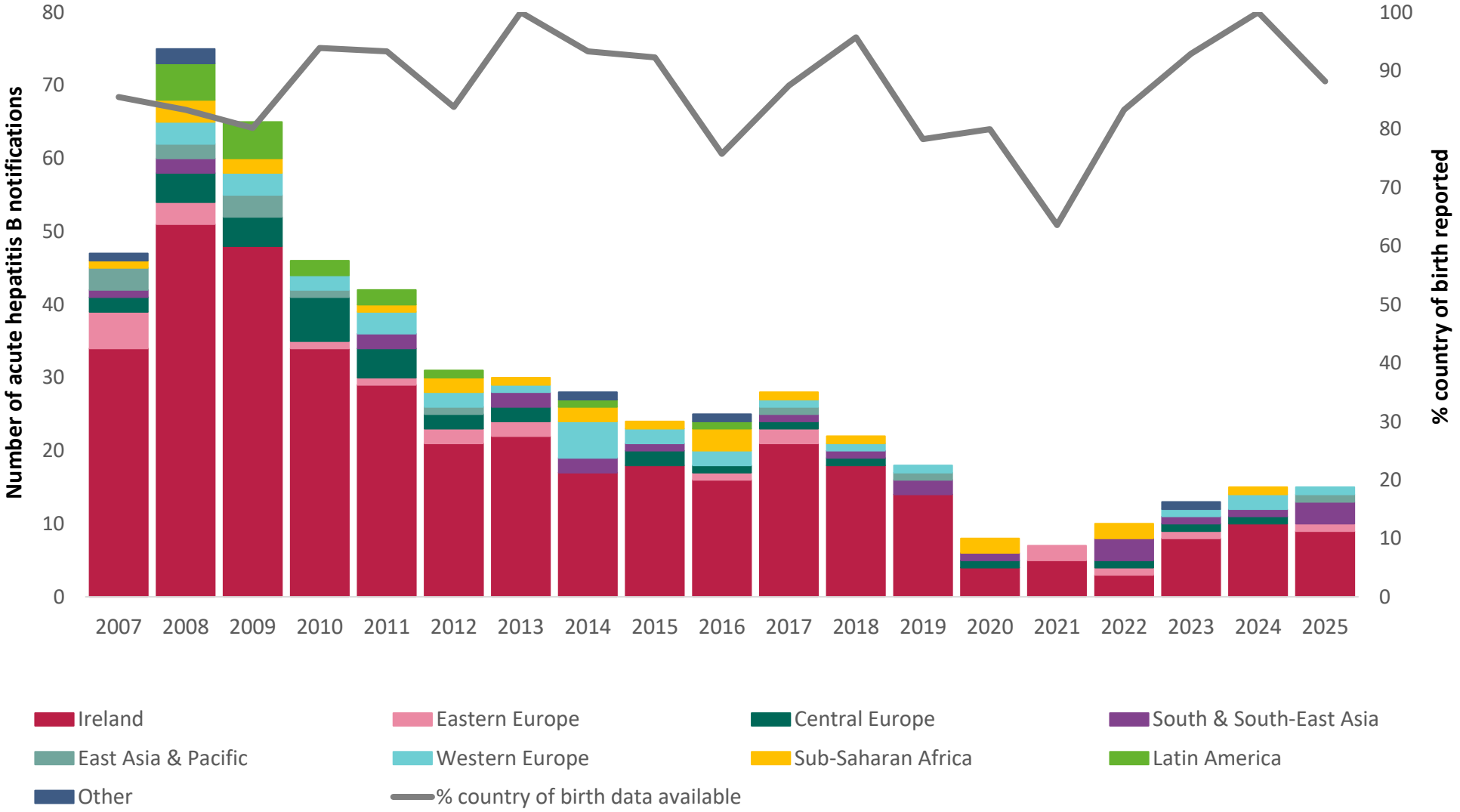
Where country of birth was reported, 70% of acute hepatitis B cases notified between 2007 and 2025 were born in Ireland

Where country of infection was reported:

- 75% of cases born in Ireland were also infected in Ireland, 14% were infected in South/South-East Asia, 7% in Western Europe and 4% in other regions
- 58% of cases born outside Ireland were infected in Ireland, 38% in their country of birth and 4% in other countries

Data source: CIDR, 02/06/2026

Trends in country/region of birth for acute hepatitis B notifications in Ireland, 2007- 2025 (where data available 87%, n=549)



- The number of acute hepatitis B notifications has been low in recent years and annual changes in the region of birth distribution should be interpreted with caution
- County of birth was reported for 88% of acute cases in 2025; 60% were born in Ireland and 20% were born in south/south-east Asia

Data source: CIDR, 02/06/2026

Chronic hepatitis B

Long-term, usually lifelong infection, HBsAg persistence beyond 6 months after infection with hepatitis B virus

Summary of chronic hepatitis B in Ireland, 2007-2025

9,772
chronic cases notified
2007-2025

92%
of hepatitis B cases were chronically infected
6% acute, 2% status not reported

Notification rate of 9-11
per 100,000 annually in past decade*
*aside from the COVID-19 pandemic years

Among chronic cases
59% male
2007-2025

Median age increased
32 → 39
2007-2025

Region of birth, 2007-2025

- Country of birth was reported for 55% of chronic cases. Reported data may not be representative of all chronic cases.
- Where reported, 6% of chronic cases were born in Ireland
- Where country of infection was reported, 99% of chronic cases born outside Ireland were also infected outside Ireland.

Most common regions of birth among chronic cases, where reported

Snapshot of chronic cases notified in 2025

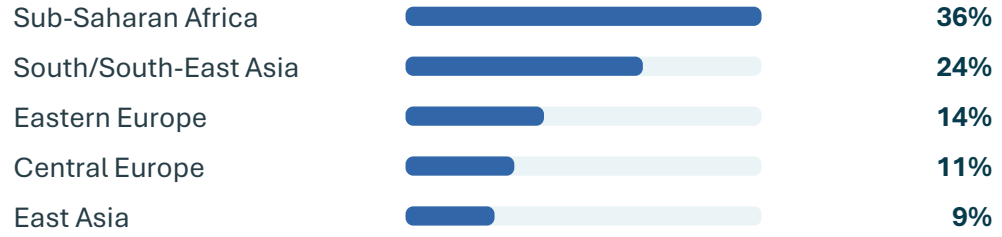
544
chronic cases
10.6 per 100,000

-7%
vs 2024
584 cases in 2024

65% male

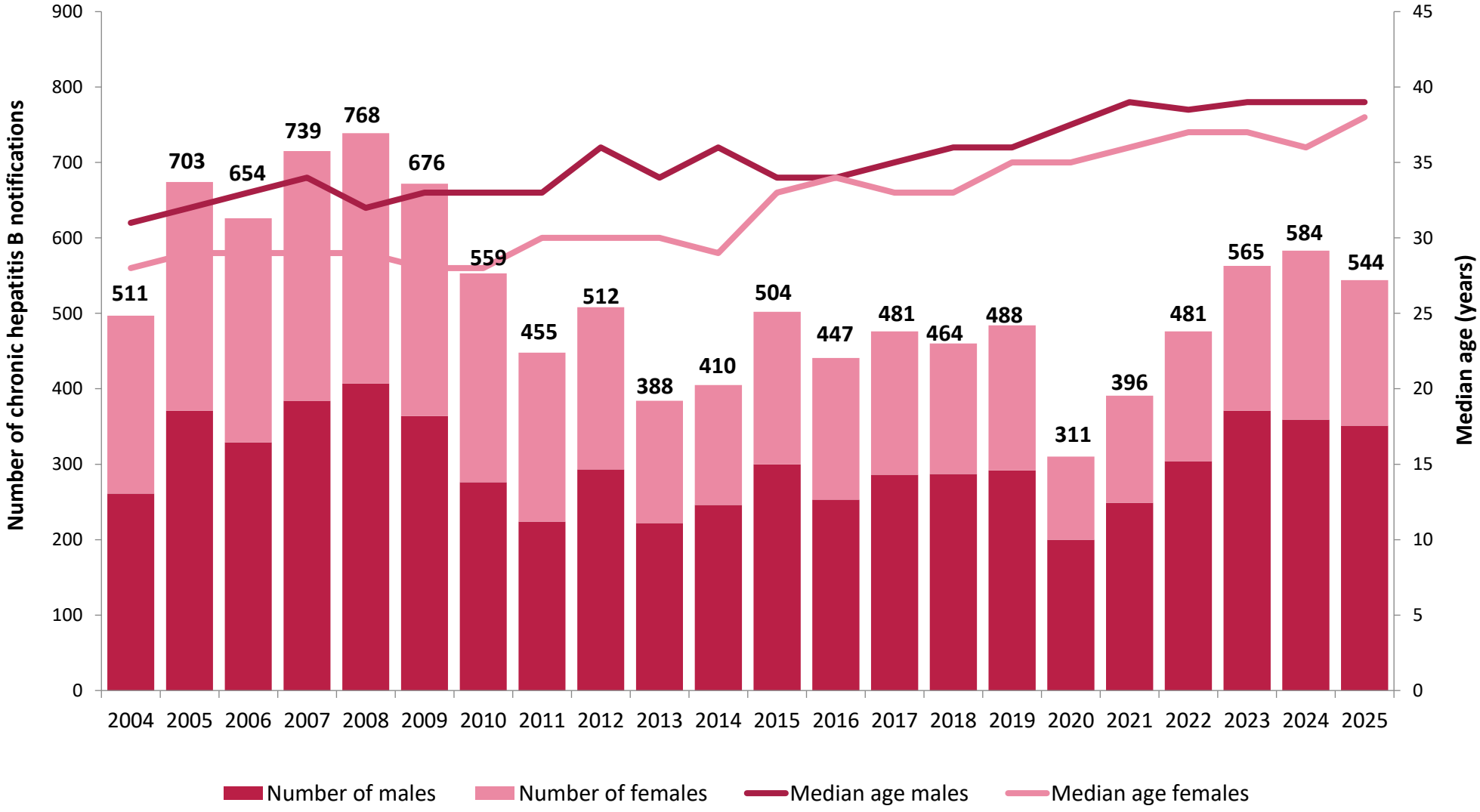
- Country of birth was reported for 65% of chronic cases. Reported data may not be representative of all chronic cases.
- Where reported, 1.4 % of chronic cases in 2025 were born in Ireland

Most common regions of birth among chronic cases, where reported



Data source: CIDR, 02/06/2026

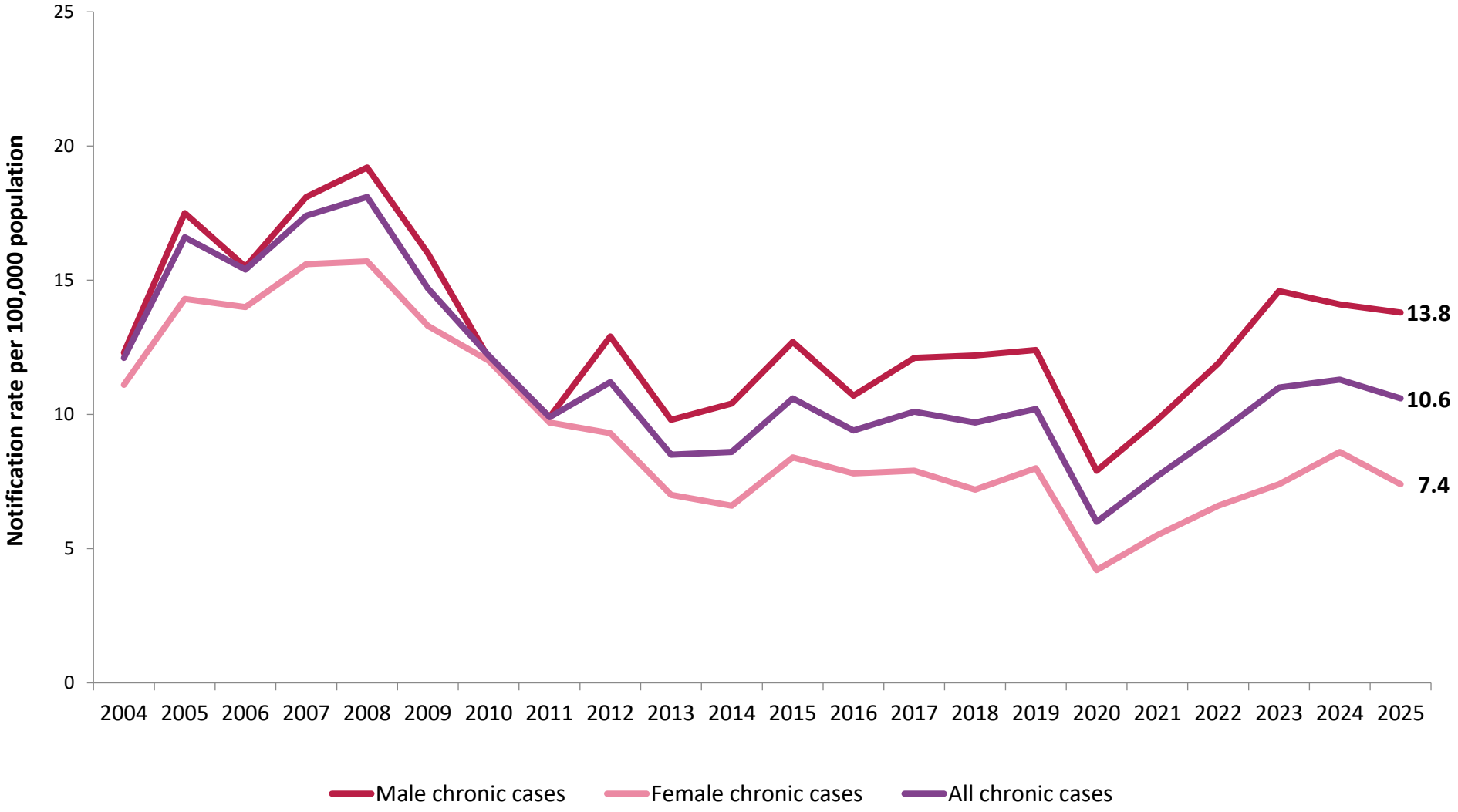
Trends in chronic hepatitis B notifications, by sex and median age, 2004-2025, in Ireland



- The number of chronic cases of hepatitis B declined in 2020 and 2021
- This was most likely due to reduced case ascertainment and changes in migration, due to travel restrictions, during the COVID-19 pandemic
- Chronic hepatitis B notifications increased post-pandemic, but decreased by 7% in 2025 compared to 2024.

Data source: CIDR, 02/06/2026

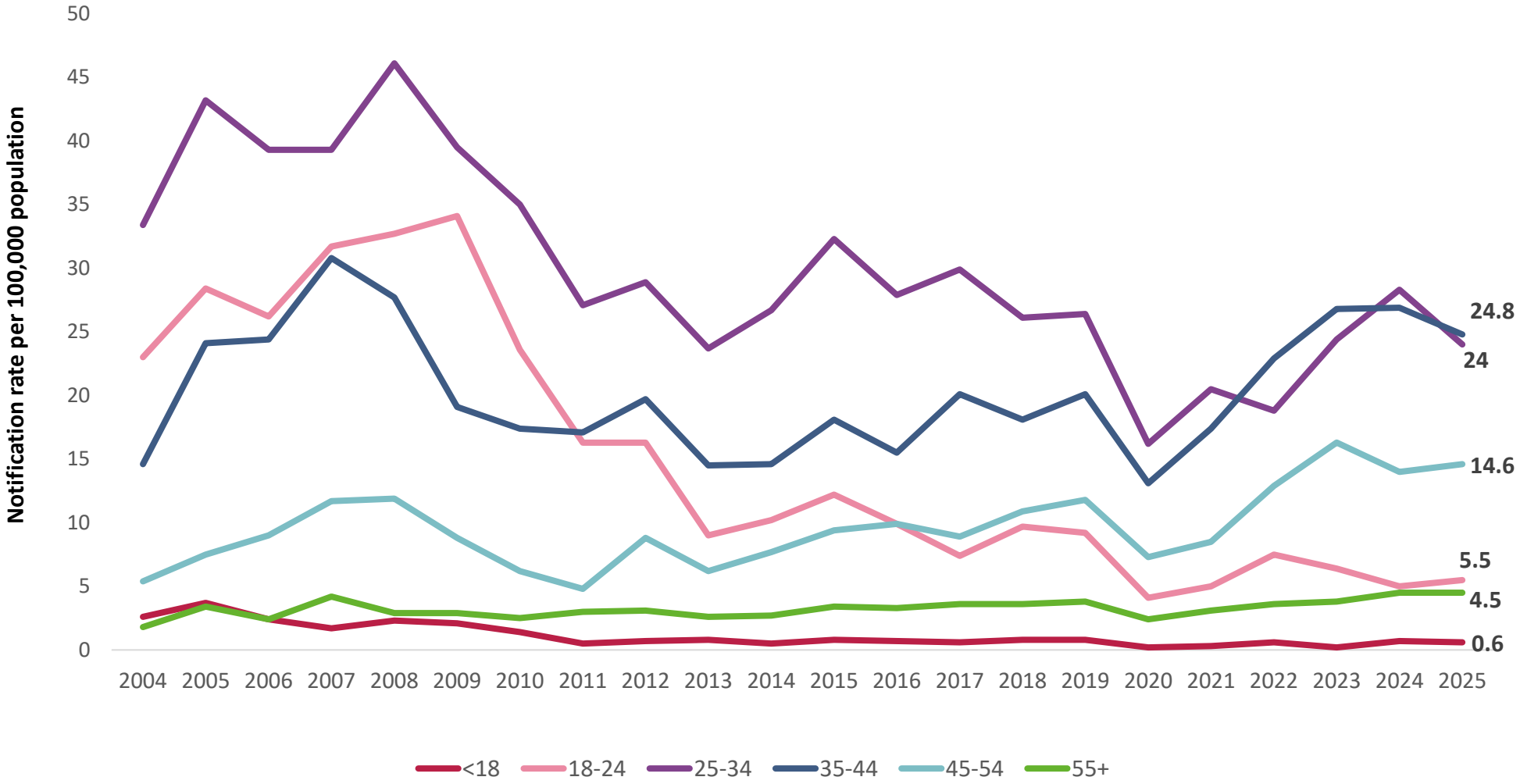
Trends in sex specific notification rates per 100,000 population for chronic hepatitis B in Ireland, 2004–2025



- The 2025 chronic hepatitis B notification rate in males was 1.9 times higher than that in females
- Males accounted for 65% of chronic cases

Data source: CIDR, 02/06/2026

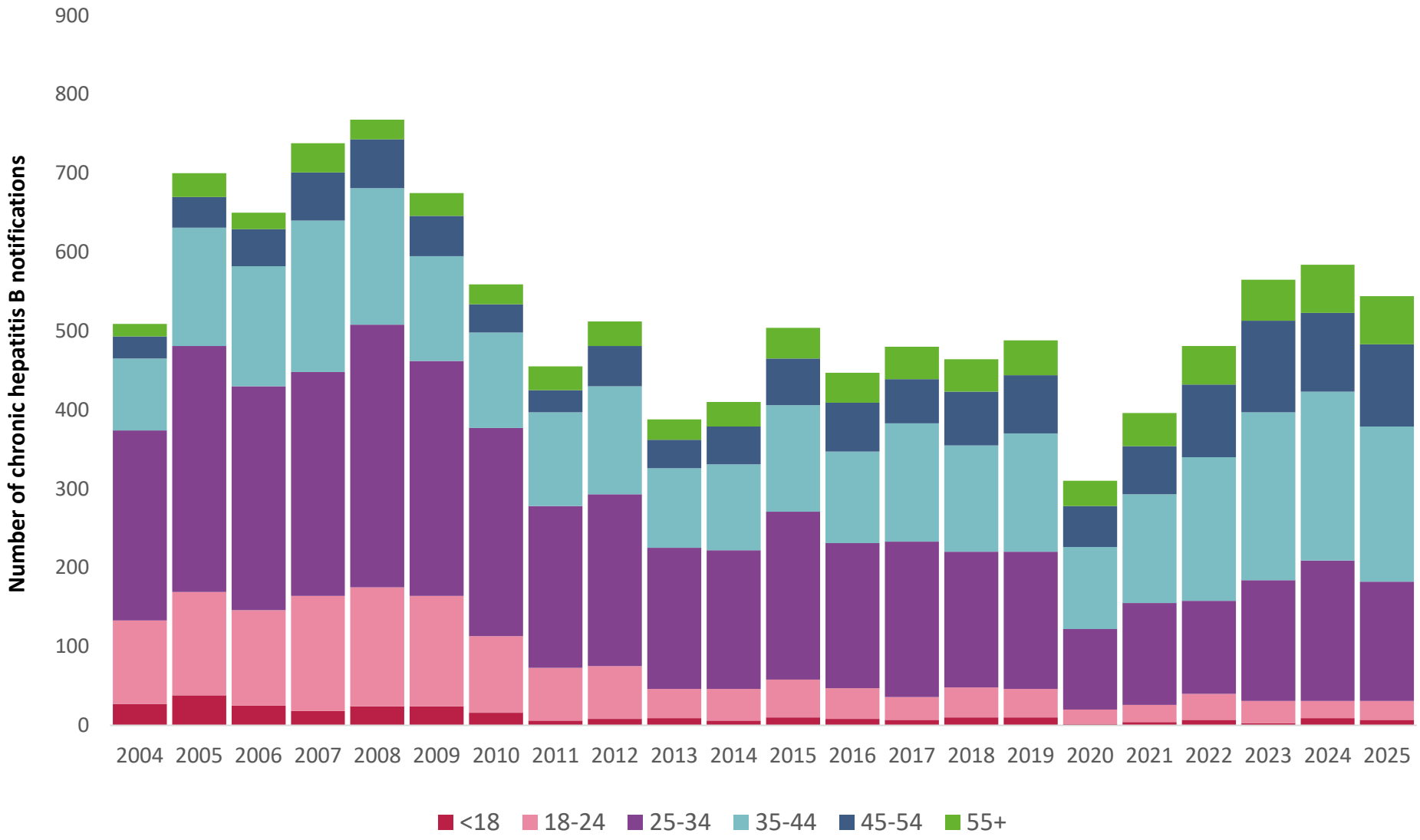
Trends in chronic hepatitis B notification rates per 100,000 population by age group 2004-2025



- Chronic hepatitis B notification rates have been highest in adults aged 25-44 years for over 10 years
- Notification rates are very low in the under 18-year age group, indicating that childhood immunisation programmes have been successful in Ireland, and elsewhere, and we are close to hepatitis B elimination in children

Data source: CIDR, 02/06/2026

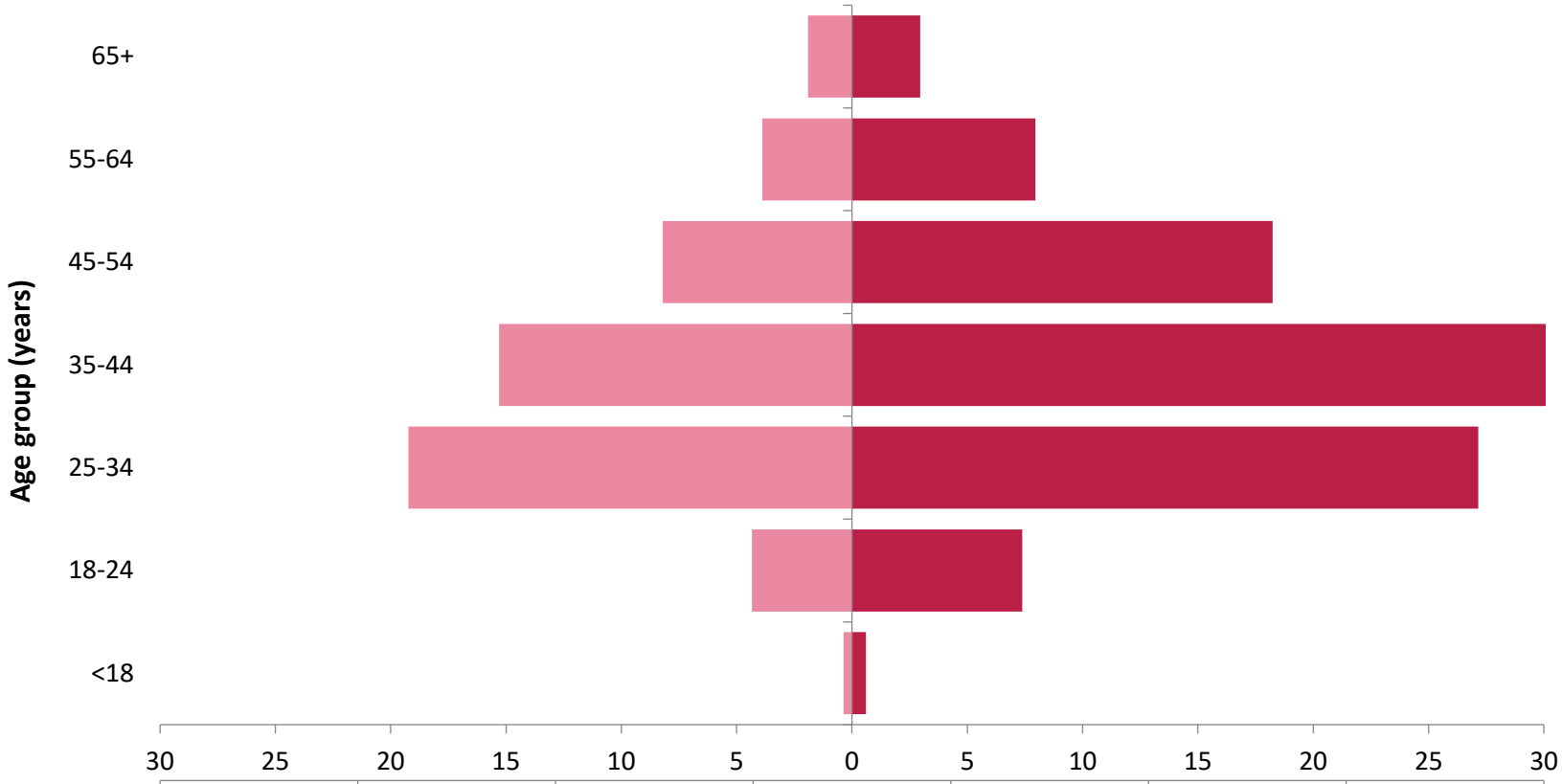
Trends in chronic hepatitis B notifications by age group 2004-2025



- The age distribution for chronic hepatitis B notifications was similar in 2024 and 2025, with 66% of cases aged 35 years or older.
- This age profile suggests a relatively high proportion of long-term chronic infections detected through screening rather than recent ongoing transmission

Data source: CIDR, 02/06/2026

Mean annual chronic hepatitis B notification rates per 100,000 population, by age and sex, 2021-2025



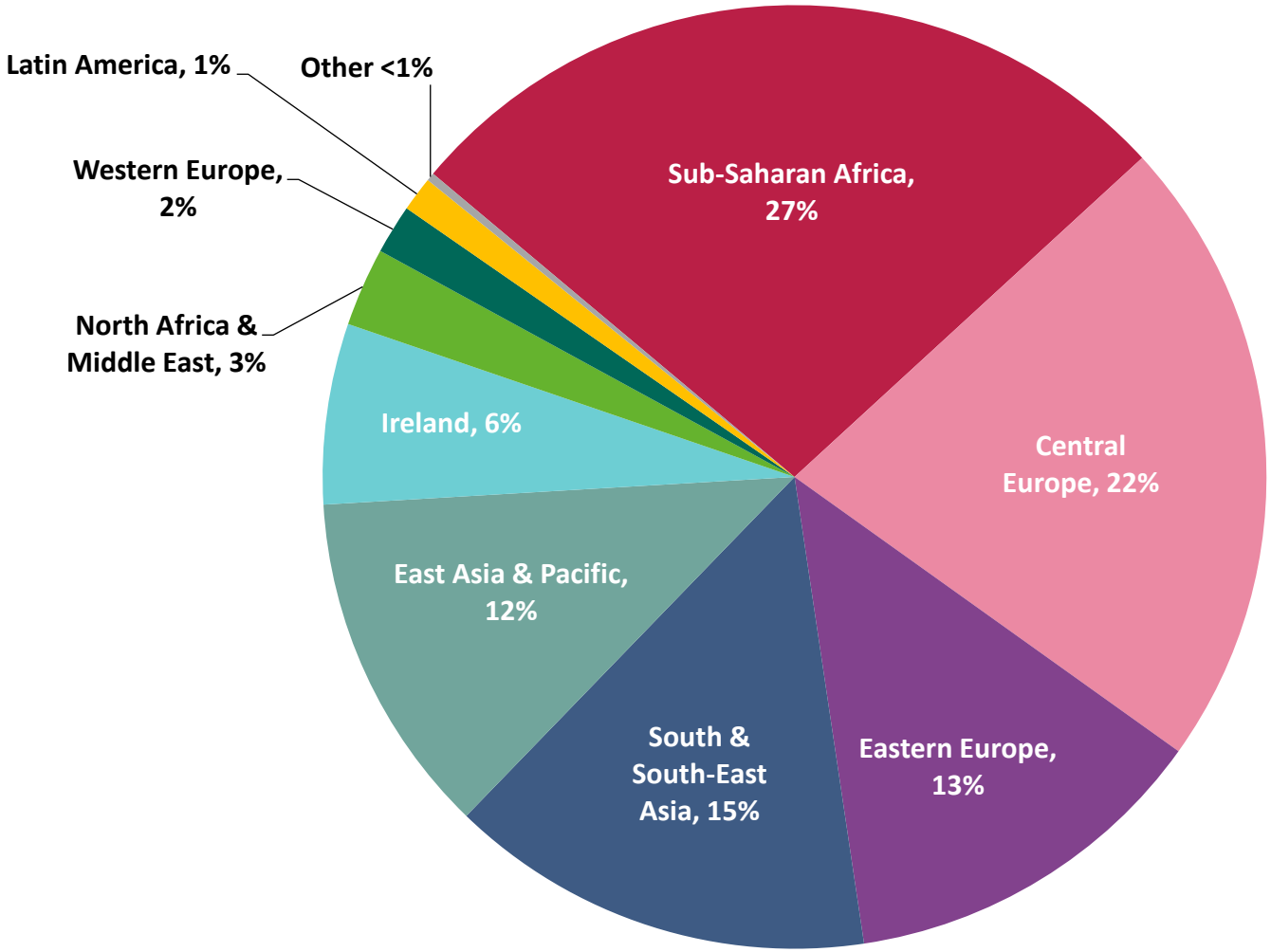
	<18	18-24	25-34	35-44	45-54	55-64	65+
Females	0.4	4.3	19.2	15.3	8.2	3.9	1.9
Males	0.6	7.4	27.2	32.5	18.2	8.0	3.0

Mean annual notification rate for chronic hepatitis B per 100,000 population, 2021-2025

- 64% of chronic cases notified between 2021 and 2025 were male.
- 65% of cases were aged between 25 and 44 years. The average annual notification rate in this age group was 30 per 100,000 population for males and 17 per 100,000 population for females
- Male chronic cases were slightly older than female cases on average - median age 38 years for males and 36 for females

Data source: CIDR, 02/06/2026

Country/region of birth for chronic hepatitis B notifications in Ireland, 2007- 2025 (where data available - 55%, n=5,379)



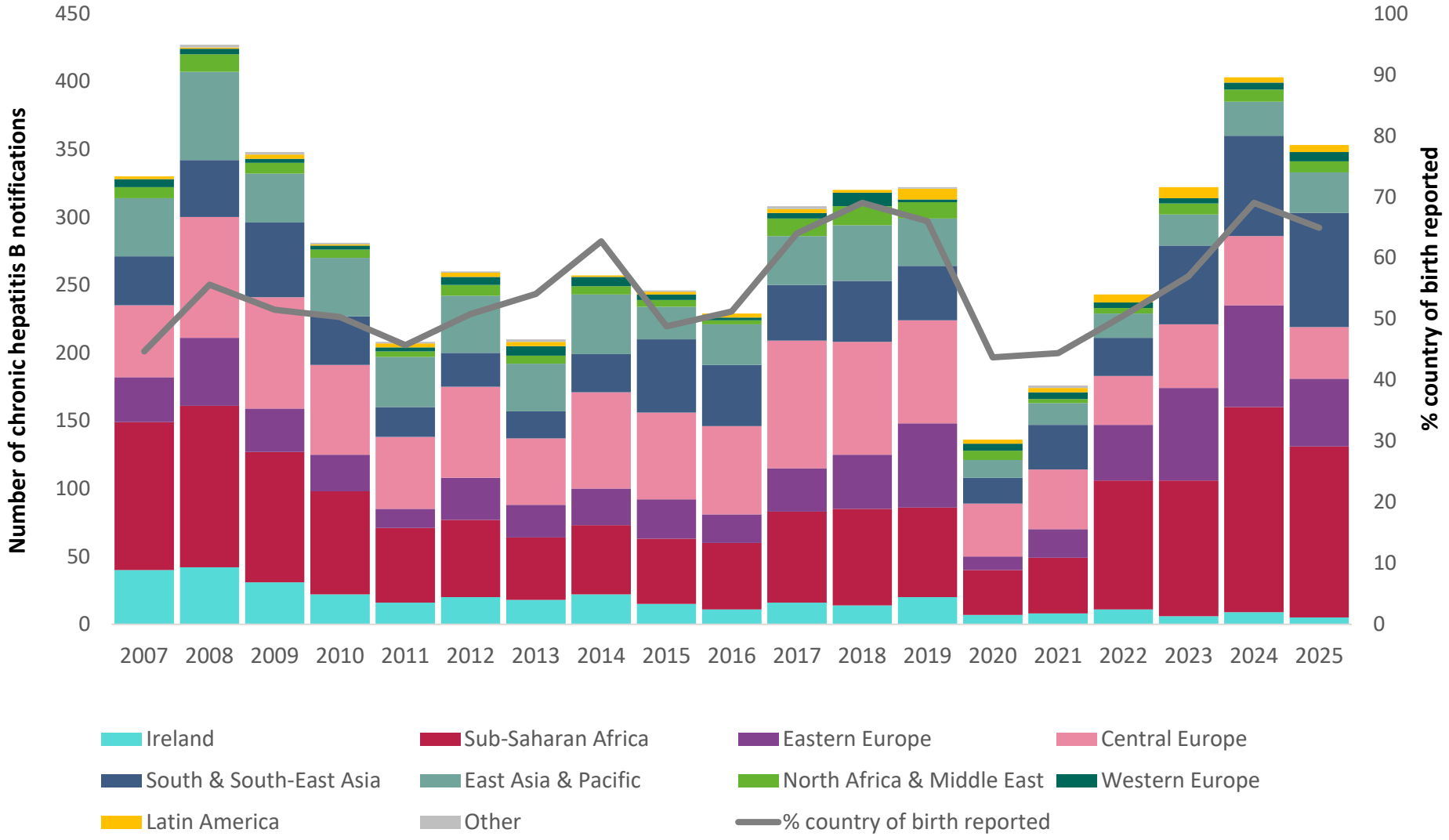
- Country of birth was reported for 55% of chronic hepatitis B cases notified between 2007 and 2025. This lack of data completeness should be taken into consideration when interpreting the available country/region of birth data
- Hepatitis B is endemic in most countries in Africa and Asia and in many central and eastern European countries. Where country of birth was reported, 91% of chronic cases were from one of these regions.
- In highly endemic areas, hepatitis B is most commonly spread from mother to child at birth or through household transmission in early childhood. The likelihood of developing chronic infection is high in infected infants and young children.
- In Ireland, babies born to mothers with hepatitis B are given HBIG and a birth dose of the hepatitis B vaccine to prevent infection

Hepatitis B surface antigen prevalence by country

- Global, regional, and national burden of hepatitis B
- ECDC report - Epidemiological-assessment-hepatitis-B-and-C-among-migrants-EU-EEA

Data source: CIDR, 02/06/2026

Trends in country/region of birth for chronic hepatitis B notifications in Ireland, 2007-2025 (where data available - 55%, n=5,379)



- Country of birth was reported for 65% of chronic cases of hepatitis B notified in 2025
- Where data were reported, 1% of chronic cases were born in Ireland, 36% in Sub-Saharan Africa, 24% in South/South-East Asia, 14% in Eastern Europe, 11% in Central Europe and 9% in East Asia & Pacific
- The proportion of chronic hepatitis B cases reported to have been born in Ireland has declined over time

Data source: CIDR, 02/06/2026

Hepatitis B surface antigen (HBsAg) prevalence in Ireland (serological marker for viraemic/current infection)

General population, including risk groups

- Residual sera, 2021-2022 estimated HBsAg prevalence (current infection) in people in the general population born between 1965 & 1985: **0.46% (0.32-0.67%)**
- ECDC hepatitis B workbook project **Census data & published hepatitis B prevalence data, 2022** estimated HBsAg prevalence in Ireland: **0.3-0.5%**
- St. James's Hospital emergency department viral screening **mid 2020-mid 2023 (personal communication):** HBsAg prevalence: **0.4%**

Antenatal testing females (combined results: HBsAg prevalence 0.2%)

- Rotunda Hospital annual report: HBsAg prevalence in 2024 was **0.4%**
- Coombe Hospital (personal communication): HBsAg prevalence in 2024 was **0.2%**
- National Maternity Hospital (NMH) (personal communication): HBsAg prevalence in 2024 was **0.1%**

New blood donors

- New donors tested 1997-2022: HBsAg prevalence was **0.009%** *(personal communication: Irish Blood Transfusion Service)*

People who use drugs (PWUD) and people in prisons or places of detention (PPD)

- Studies of PWUD (mostly heroin users) in Ireland, 1992-2002: HBsAg prevalence ranged from **1-5%**
- Prison study, 2011: **0.3%** of people in prison who were screened were HBsAg positive

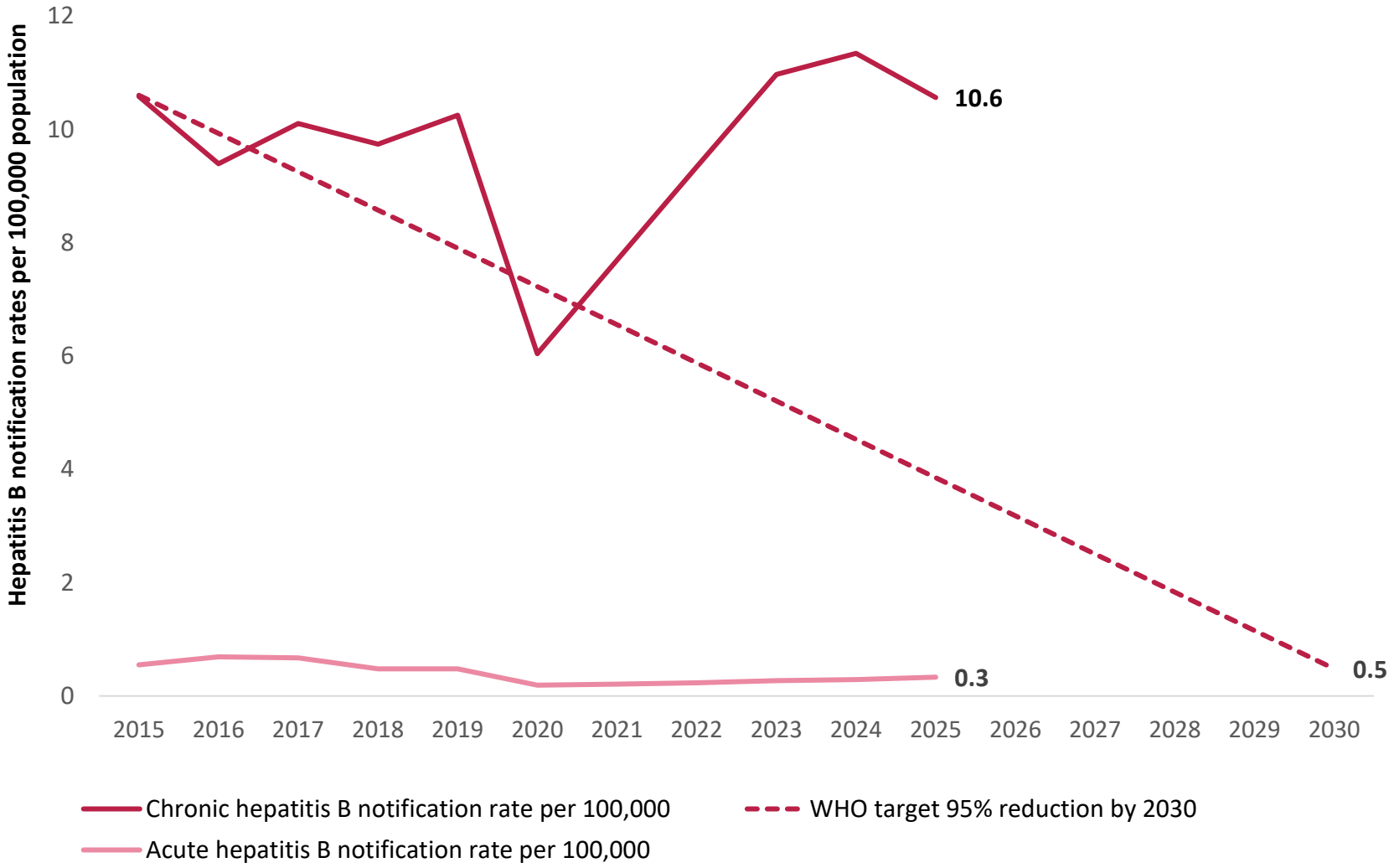
People seeking international protection who are living in State-provided (IPAS) accommodation

- Of more than 2,400 people seeking international protection tested in 2025*, **2.7%** were HBsAg positive

*Tested by the HSE Social Inclusion team at Balseskin IPAS centre, Safetynet Mobile Health and Screening Unit (MHSU), the International Protection Screening Service (IPSS) in Cork and the HSE Dublin and North-East RASP BBV Rapid Testing and Linking to Care Programme

Hepatitis B and WHO targets for elimination by 2030

Hepatitis B notification rates compared to WHO targets for chronic hepatitis B incidence rates (95% reduction 2015-2030 or an incidence rate of 2 per 100,000 population)



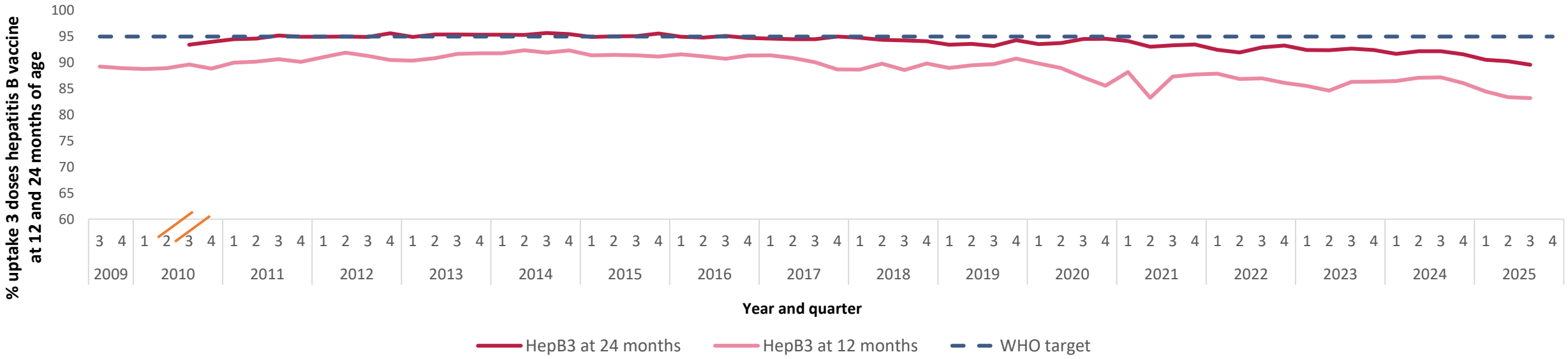
Context

- Chronic hepatitis B notifications in Ireland reflect new diagnoses in Ireland but **do not** reflect **incidence** of chronic infection

- The acute hepatitis B notification rate in 2025 was 0.3/100,000
  - All cases were in adults & <10% are likely to have become chronically infected
  - Acute cases are under ascertained as less than one third are symptomatic
  - A small number of chronic cases notified in 2025 are also likely to reflect relatively recent infections
  - The true incidence of chronic infection in Ireland is likely to be <2/100,000

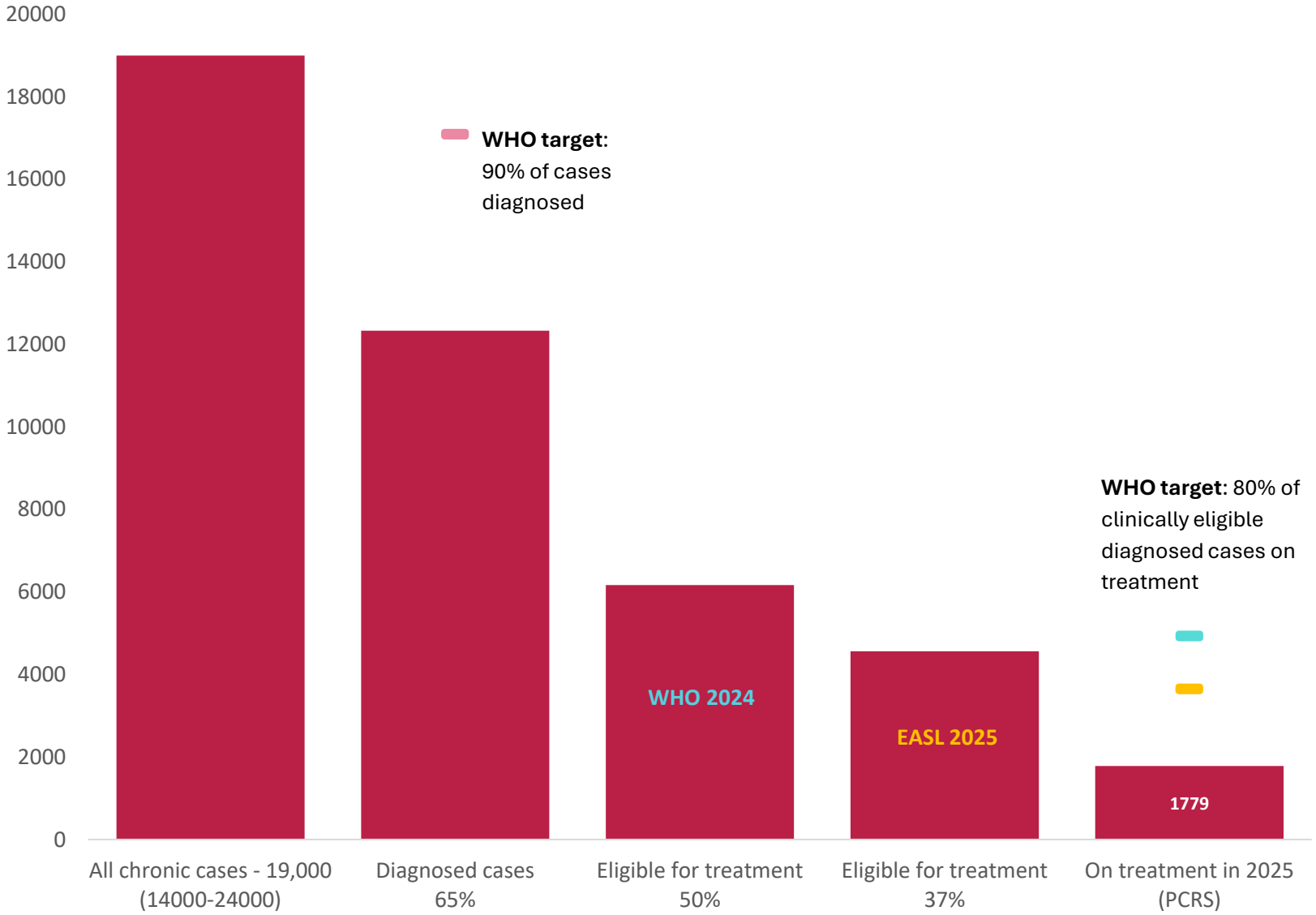
Hepatitis B vaccine and immunisation uptake (3 dose) at 12 and 24 months of age in Ireland, Q3 2009 – Q3 2025

- The hepatitis B vaccine was added to the Primary Childhood Immunisation (PCI) schedule in Ireland in October 2008 for children born from 1st July 2008
- It is included as part of the 6 in 1 vaccine and it is recommended that it be administered at 2, 4 and 6 months of age
- The average 3 dose immunisation uptake at 24 months of age, between Q3 2010 and Q3 2025, was 94%, **just under the 95% WHO target**
- However, uptake figures have declined since 2022, and the lowest quarterly uptake figure to date was reported in Q3 2025 (90%)



- Hepatitis B vaccine is available free of charge in publicly-funded sexual health clinics, addiction treatment settings, prisons and through occupational health departments in healthcare settings. It is also offered as part of Catch-up PCI vaccination to protection applicants living in state-provided accommodation.
- No data are available on vaccine uptake rates in adults for whom immunisation is recommended Immunisation Guidelines for Ireland

Hepatitis B cascade of care estimates (high degree of uncertainty)



Source of estimates

All chronic cases

ECDC workbook method 2022: 0.4% (0.3-0.5) of population

Estimate supported by:
Birth cohort seroprevelance: 0.46% (0.3-0.7)

Diagnosed cases: estimated to be 65% of all cases

Notifications 1982-2025 (all chronic/unknown cases+10% acute cases) minus 15% to adjust for deaths, outward migration and duplicates.

A review of HBV-associated HCC cases in SVUH hospital found that one third were diagnosed with HBV at the same time as HCC

SJH EDVS data 2024 – 64% of cases detected were previously diagnosed (higher in other years)

Treatment eligibility depends on patient profile in each country and the clinical guidelines used

- WHO 2024: about 50% eligible
- EASL 2025: about 37% eligible

WHO target for treatment: 80% of treatment-eligible patients on treatment

Progress towards hepatitis B elimination – WHO indicators[1]

WHO targets	2030 WHO target	Ireland
Percentage of HBV cases diagnosed	90%	St James's Hospital emergency department screening data 2024: 64% of HBsAg positive cases were previously known cases (lower than in previous years). A retrospective review of hepatitis B related hepatocellular carcinoma (HCC) cases in the Irish national liver transplant unit found that one third were diagnosed with hepatitis B at the same time as the HCC diagnosis (previously undiagnosed)[2] Estimated chronic HBV prevalence in combination with HBV notifications indicates that the percentage of cases that are diagnosed nationally is likely to be about 65%
Proportion of eligible diagnosed chronic hepatitis B cases on antiviral treatment	80%	Hepatitis B treatment eligibility is determined by clinical criteria and is not monitored in Ireland. A study comparing different guidelines estimated that 37% of chronic hepatitis B cases would be clinically eligible for treatment internationally using the EASL 2025 Guidelines[3]. Treatment eligibility was higher based on WHO 2024 guidelines (50-70%)[3,4] PCRS data indicate that 1,779 patients were on treatment in Ireland in 2025. This equates to 39% of eligible patients using EASL guidelines and 29% of eligible patients using WHO guidelines
Incidence of chronic hepatitis B	2 per 100,000 population or 95% reduction relative to 2015	Notifications of chronic hepatitis B are impacted by migration and reflect diagnoses in Ireland and not incidence of chronic infection in Ireland. The acute HBV notification rate in 2024 was 0.3 per 100,000. All acute cases were in adults, less than 10% of whom are likely to develop chronic infection. Acute infection is under ascertained, but available data indicate very low transmission of hepatitis B in Ireland. Incidence rate target is likely to have been met.
Childhood hepatitis B vaccination coverage	95%	Hepatitis B was added to the childhood immunisation schedule in October 2008. Average quarterly uptake at 24 months up to Q3 2025 has been 94% overall, but uptake has been lower since 2022 and declined to 90% in Q3 2025
Hepatitis B surface antigen prevalence among children 0-4 years old	0.1%	No recent seroprevalence data, but this target is likely to have been met. There is universal antenatal screening for hepatitis B in Ireland and HBIG and birth dose vaccine are routinely given to babies born to HBsAg positive mothers. The average annual number of notifications in children under 5 years for the past 10 years was 1.1 and no cases were diagnosed in this age group between 2023 and 2025.
Blood safety and haemovigilance	100%	100% of blood units are tested using nucleic acid amplification testing (highly sensitive) in Ireland

1. WHO European regional action plans for HIV and viral hepatitis, 2022-2023
2. https://imj.ie/wp-content/uploads/2023/05/Hepatitis-B-related-hepatocellular-carcinoma.-Screening-screening-and-more-screening.pdf
3. WHO 2024 guidelines - World Hepatitis Alliance
4. Wang et al. Discrepancies in treatment eligibility accross international guidelines

*Estimated prevalence of chronic infection is 19,000 (14,000-24,000). Notifications: chronic + 10% acute + unknown status cases = 14,500, minus 15% to account for mortality and outward migration = 12,300.
Estimated proportion of cases diagnosed is 65%

Resources for advice on preventing hepatitis B infection and accessing testing and support

Free hepatitis B home testing is available from the HSE for those with self-reported risk factors. This was added to the hepatitis C home test service in February 2025**:** **https://www2.hse.ie/services/order-a-hepatitis-c-test/**

HSE Sexual Health Programme (SHP)

- Information on sexually transmitted infections (STIs) and sexual health services
- STI testing, including hepatitis B, is provided free of charge in publicly-funded sexual health or GUM clinics
- Free home STI testing, including hepatitis B for unvaccinated gbMSM, is also available nationally from the HSE
- Resources for gbMSM are available at Hepatitis B - Man2Man.ie

HSE Social inclusion – addiction services

- HSE Drugs and Alcohol Helpline offer support, information, guidance and referral on anything related to drugs and alcohol
- Health Research Board (HRB) Interactive national map of drug and alcohol services (launched in 2024)
- https://drugs.ie/ provides information about drugs, advice on harm reduction and information on addiction treatment
- Ireland's first Medically Supervised Injection Facility (MSIF) opened in 2024, aiming to reduce drug injector deaths, bloodborne virus transmission, drug related litter and public injecting

HSE-funded bloodborne virus (BBV) testing for protection applicants

- Safetynet Primary Care is funded by the HSE National Social Inclusion Office (NSIO) to provide opt-in testing for BBVs (HIV, HBV, HCV) and active case finding for tuberculosis, via the MHSU to people seeking international protection living in state-provided (IPAS) congregate accommodation nationally
- A similar service is provided by the Social Inclusion team at Balseskin IPAS centre (formerly the National Reception Centre) and by the International Protection Screening and Support Service (IPSS) in Cork
- In September 2025, HSE Dublin and North-East Region (Social Inclusion, Public Health and Beaumont Hospital ID services) launched a new RASP BBV Rapid Testing and Linking to Care Programme

Irish Liver Foundation

The ILF provides expert advice and support to patients, their families and health professionals and promotes awareness of, and research into, liver disease

Technical notes

1. Data are based on statutory notifications and were extracted from Computerised Infectious Disease Reporting (CIDR) system on 2nd June 2026. Data are provisional and subject to ongoing review, validation and update. 2025 data completeness will improve on validation and should be interpreted as provisional.
2. Only laboratory confirmed cases notified to CIDR are presented in these slides
3. Data are presented based on date of notification to the Health Protection Surveillance Centre (HPSC).
4. Population data were taken from Census 2006, 2011, 2016 and 2022 from the Central Statistics Office (CSO)
5. Rates per 100,000 population were calculated using the 2006 census for notifications 2004-2008, the 2011 census for notifications 2009-2013, the 2016 census for notifications 2014-2019 and the 2022 census for notifications 2020-2025.
6. The COVID-19 pandemic (2020 and 2021) impacted hepatitis trends through reduced migration, potential reductions in case ascertainment (due to service restrictions) and reduced transmission of acute infections. Enhanced data completeness also declined during these years.
7. The counties covered by each of the six HSE Health Regions are as follows:
   - HSEDNE: HSE Dublin and North-East - North Dublin, Meath, Louth, Cavan, and Monaghan
   - HSEDM: HSE Dublin and Midlands - Longford, Westmeath, Offaly, Laois, Kildare, West Wicklow, parts of South Dublin
   - HSEDSE: HSE Dublin and South-East - Tipperary South, Waterford, Kilkenny, Carlow, Wexford, East Wicklow, parts of South Dublin
   - HSEMW: HSE Mid-West - Limerick, Tipperary and Clare
   - HSESW: HSE South-West - Kerry and Cork
   - HSEWNW: HSE West and North-West - Donegal, Sligo, Leitrim, West Cavan, Roscommon, Mayo, and Galway