Epidemiology of hepatitis C in Ireland

Trends from 2004 to 2025

2025 data are undergoing validation and are provisional

June 2026

Acknowledgements

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- Microbiology laboratories
- National Virus Reference laboratory (NVRL)
- HSE Regional Departments of Public Health
- HSE National hepatitis C Treatment Programme (NHCTP)
- 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
- Health Advisors
- All other clinical staff involved in the provision of hepatitis data

Summary of Hepatitis C notifications in Ireland, 2025

Data source: CIDR

Notified cases

453 cases notified

8.8 per 100,000 population ↓ 2% vs 2024

–54%
notification rate since 2012
long-term decline

>2×
male notification rate
compared with females

25–54 years
highest age-specific rates
stable over 3 years

Risk factors among cases born in Ireland

Available for 80% of cases known to have been born in Ireland, less complete for cases born outside Ireland

78% **people who use drugs (PWUD)**

- 6% Sexual exposure
- 10% Other
- 6% No risk factor identified despite PH follow up

PWUD remains the dominant reported risk factor

Country/region of birth

Available for 58% of cases

Ireland	41%
Eastern Europe	33%
Central Europe	8%
Asia	7%
Latin America	4%
Western Europe	3%
Africa	3%
Other	<1%

67% of cases born outside Ireland were born in an endemic country (≥2% anti-HCV prevalence)

Geographic distribution

Highest notification rates by health region

- **HSE Dublin and North-East**
- **HSE Dublin and Midlands**
- **HSE South-West**

Hepatitis C notifications have declined significantly since the introduction of highly-effective DAA drugs in Ireland in late 2014, but transmission has not been eliminated, and some infections continue to be detected, particularly among people who use drugs

Public health implications and recommendations

Hepatitis C is a curable disease. **Highly effective direct acting antiviral (DAA) treatments are available free of charge through the HSE. About 95% of people achieve a sustained virological response.**

Maximise case ascertainment

Raise awareness of the risk of hepatitis C and ensure ease of access to testing

- National Hepatitis C Screening Guidelines (2017) set out the key populations to test
- Testing is routinely offered in drug addiction treatment settings, in prisons, in the 3 Dublin-based maternity hospitals (on risk-assessment in maternity units outside Dublin) and to gay, bisexual and other men who have sex with men (gbMSM) in publicly funded sexual health clinics and via the HSE free home STI testing service
- The Drugs, alcohol and Sexual health mobile unit (DASH) offers bloodborne virus testing (BBV) as well as sexual health, drug & alcohol information and support for at-risk populations in Cork and Kerry

Refugees and applicants seeking protection (RASP)

- Opt-in BBV testing is offered free of charge to applicants seeking protection living in State-provided congregate accommodation via: Safetynet Mobile Health and Screening Unit (MHSU) funded by HSE National Social Inclusion Office (NSIO); HSE DNE Social Inclusion, Balseskin IPAS Centre; and the International Protection Screening Service (IPSS) in Cork

Emergency Department Viral screening

- St James's Hospital, Dublin has been carrying out hepatitis B, hepatitis C and HIV emergency department screening on an opt-out basis, for patients undergoing blood sampling for over 10 years

Free home testing

- Hepatitis C home testing kits can be ordered online, through the HSE, for those with self-reported risk factors. Service users can also add hepatitis B and HIV tests to the order

Aim of HSE: detect treat and cure all cases

Ensure timely linkage to care and treatment

- All diagnosed cases are eligible for treatment, which is overseen by the HSE National Hepatitis C Treatment Programme
- >8,700 treated between 2012 and 2025, with a 94% success rate
- Treatment is provided in hospitals, prisons, addiction treatment centres, through community pharmacies and by GPs who prescribe methadone

Why isn't hepatitis C eliminated in Ireland?

Notification rates declined by over 50% between 2012 and 2025, but remained relatively high at 9 per 100,000 population in 2025

- Better detection through increased testing
- An increase in inward migration of people from countries where hepatitis C is more common since early 2022
- Ongoing transmission and reinfections post-treatment in at-risk populations, particularly among people who use drugs

Hepatitis C virus

Hepatitis C virus (HCV)

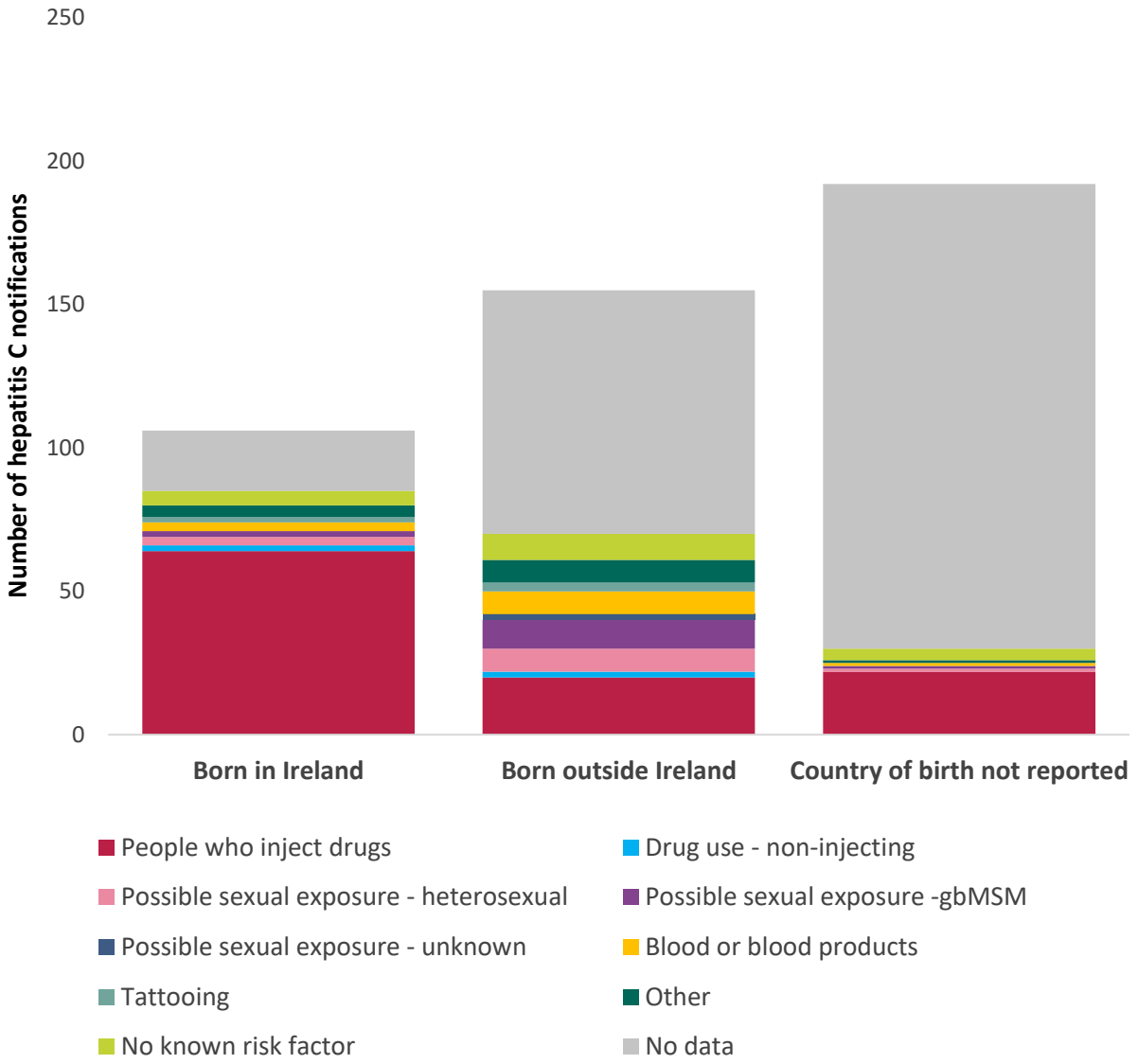
- The hepatitis C virus was first identified in 1989
- Transmitted through exposure to blood from an infected person
- Most newly diagnosed cases of hepatitis C, in countries like Ireland, are in people who use drugs (PWUD) and migrants from higher endemicity countries
- Hepatitis C can also be transmitted from an infected mother to her baby and sexually
  - These modes of transmission are less common
  - The risk of sexual transmission is higher in gbMSM, in people living with HIV and those with genital sores/ulcers from sexually transmitted infections
- Most cases are initially asymptomatic or mildly symptomatic - acute infection is rarely detected & there can be a long lag time between infection and diagnosis
- Approximately 70-75% of those infected develop chronic infection
- Chronic infection can cause liver inflammation, fibrosis, cirrhosis, liver cancer (hepatocellular carcinoma (HCC)), liver failure and death
- **Hepatitis C is curable:** **Free antiviral treatment** is available in Ireland through the HSE, **~ 95% cure rate, >8,700** people treated since 2012, leading to a significant decrease in the estimated prevalence of chronic infection (0.1%, 2021-2023)

Hepatitis C notifications in Ireland

Summary of hepatitis C notifications in Ireland, 2025

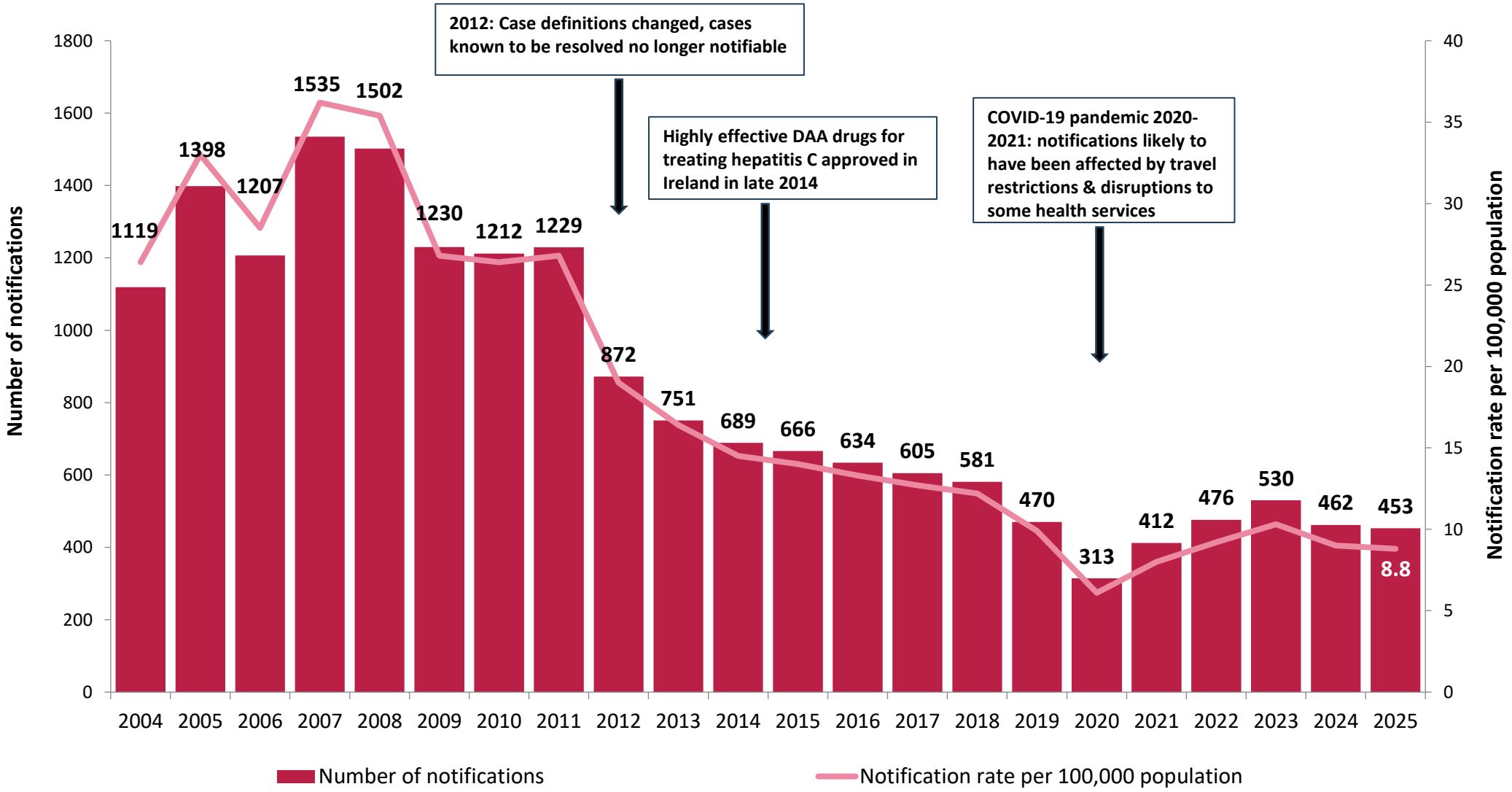
2025 cases	All	Born in Ireland	Born outside Ireland	Country of birth not reported
Total	**453**	**106**	**155**	**192**
Males	308 (68%)	78 (74%)	91 (59%)	139 (72%)
Females	145 (32%)	28 (26%)	64 (41%)	53 (28%)
Median age all cases	**44**	**41**	**47**	**43**
Median age males	44	42	46	44
Median age females	43	39	50	41

- Risk factor information was reported for 80% of cases who were born in Ireland, with 75.3% reported to be people who inject drugs (PWID) and 2.4% people who use drugs (PWUD), but do not inject
- Risk factor data were reported for less than half of cases born outside Ireland, with 32% of cases attributed to drug use. Sexual and healthcare-associated exposures were more commonly reported compared to cases born in Ireland.
- Information on both country of birth and risk factor was not available for 36% of all cases
- Where country of birth was known, 67% of cases born outside Ireland were born in a country that is endemic for hepatitis C (≥2% anti-HCV prevalence)



Data source: CIDR, 16/06/2026

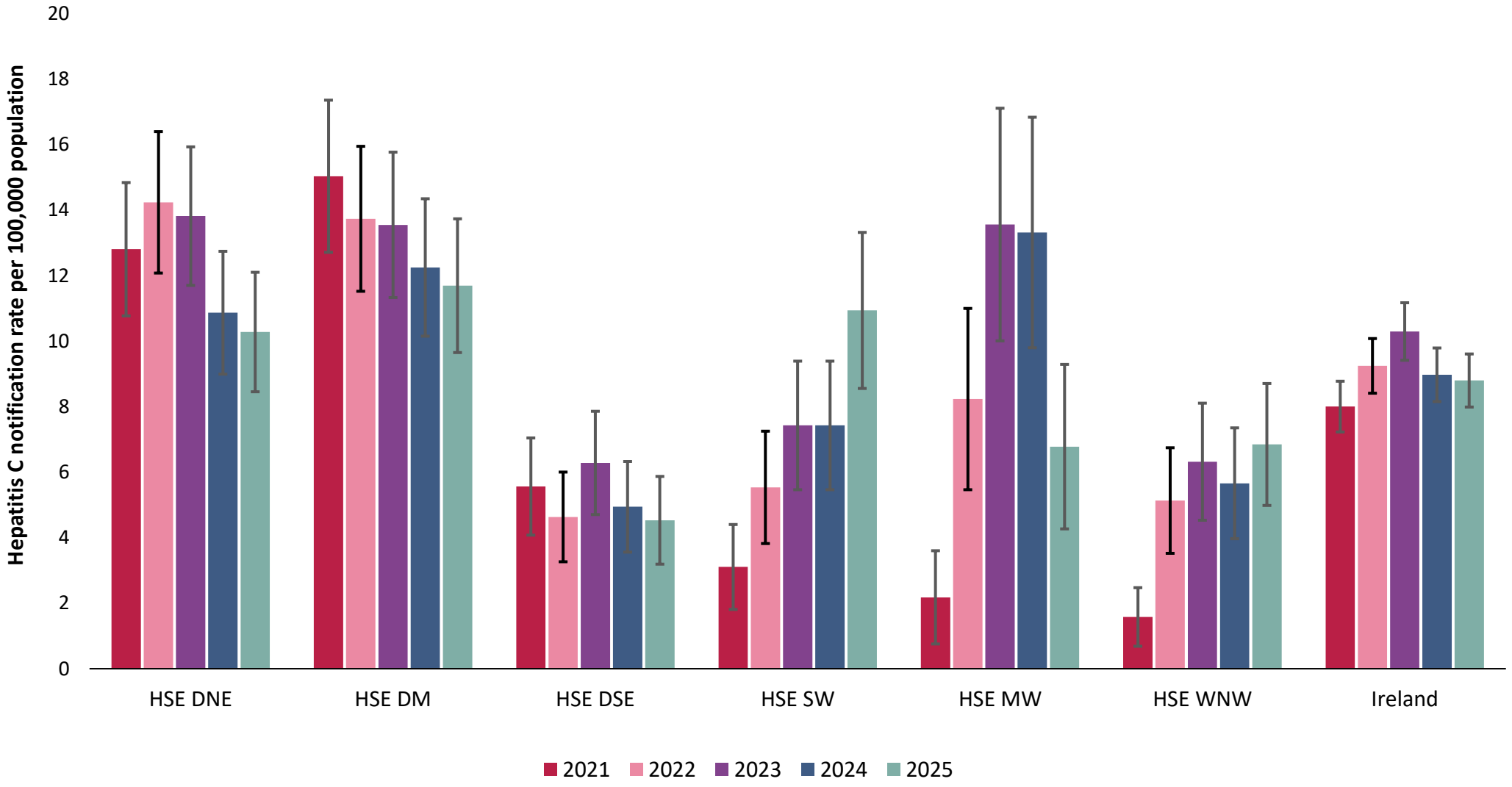
Number of hepatitis C notifications in Ireland and notification rate per 100,000 population, 2004-2025



- Hepatitis C notifications decreased by 54% between 2012 and 2025
- Case numbers increased after the COVID-19 pandemic, but declined in 2024 (13%) and 2025 (2%)
- The decrease is notifications can be attributed to the availability of highly effective treatments since 2015 and the concurrent reduction in injecting drug use in Ireland

Data source: CIDR, 16/06/2026

Hepatitis C notification rates per 100,000 population, by HSE health region, in Ireland, 2021-2025

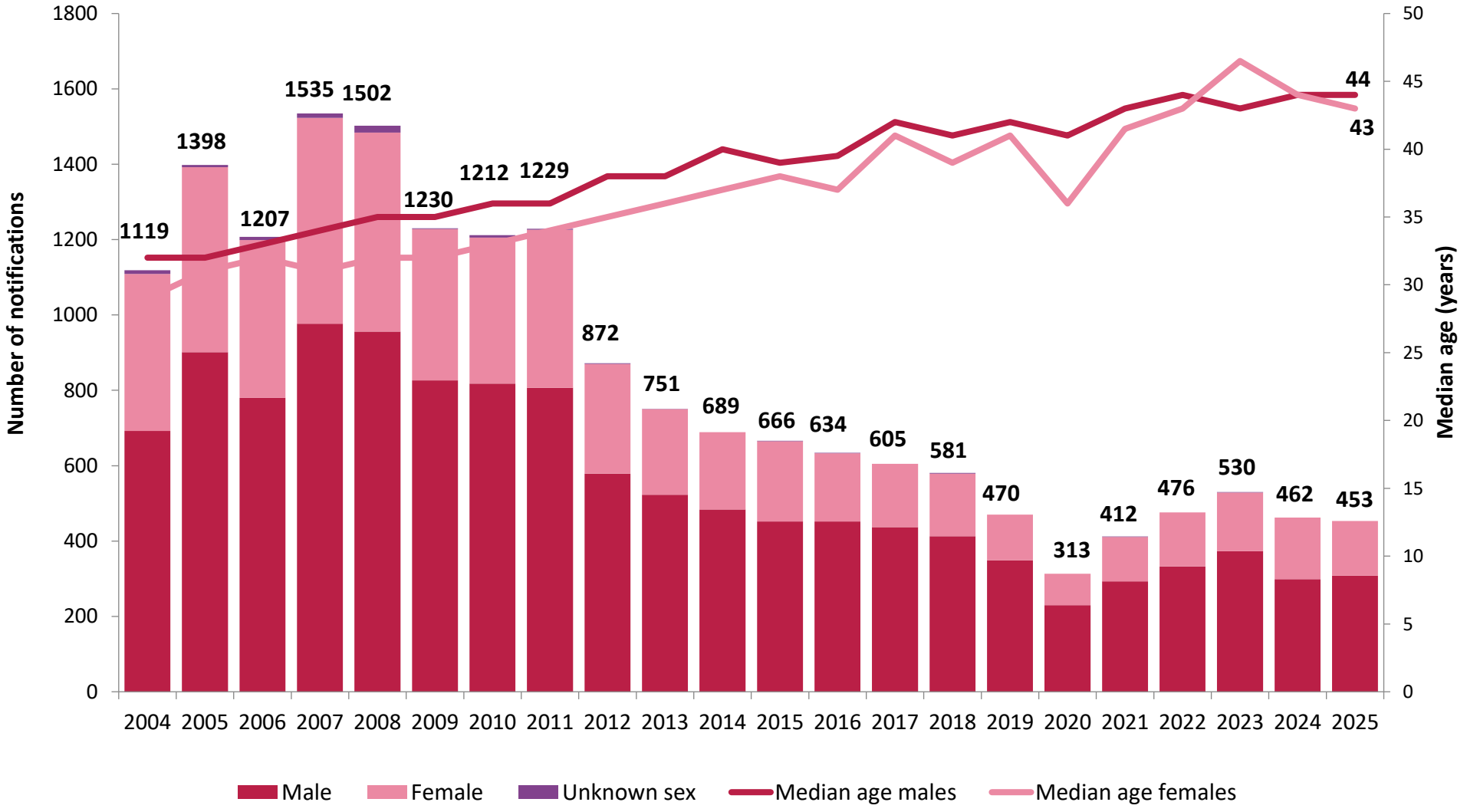


The highest notification rates in 2025 were in:

- HSE Dublin and North-East
- HSE Dublin and Midlands
- HSE South-West

Data source: CIDR, 16/06/2026

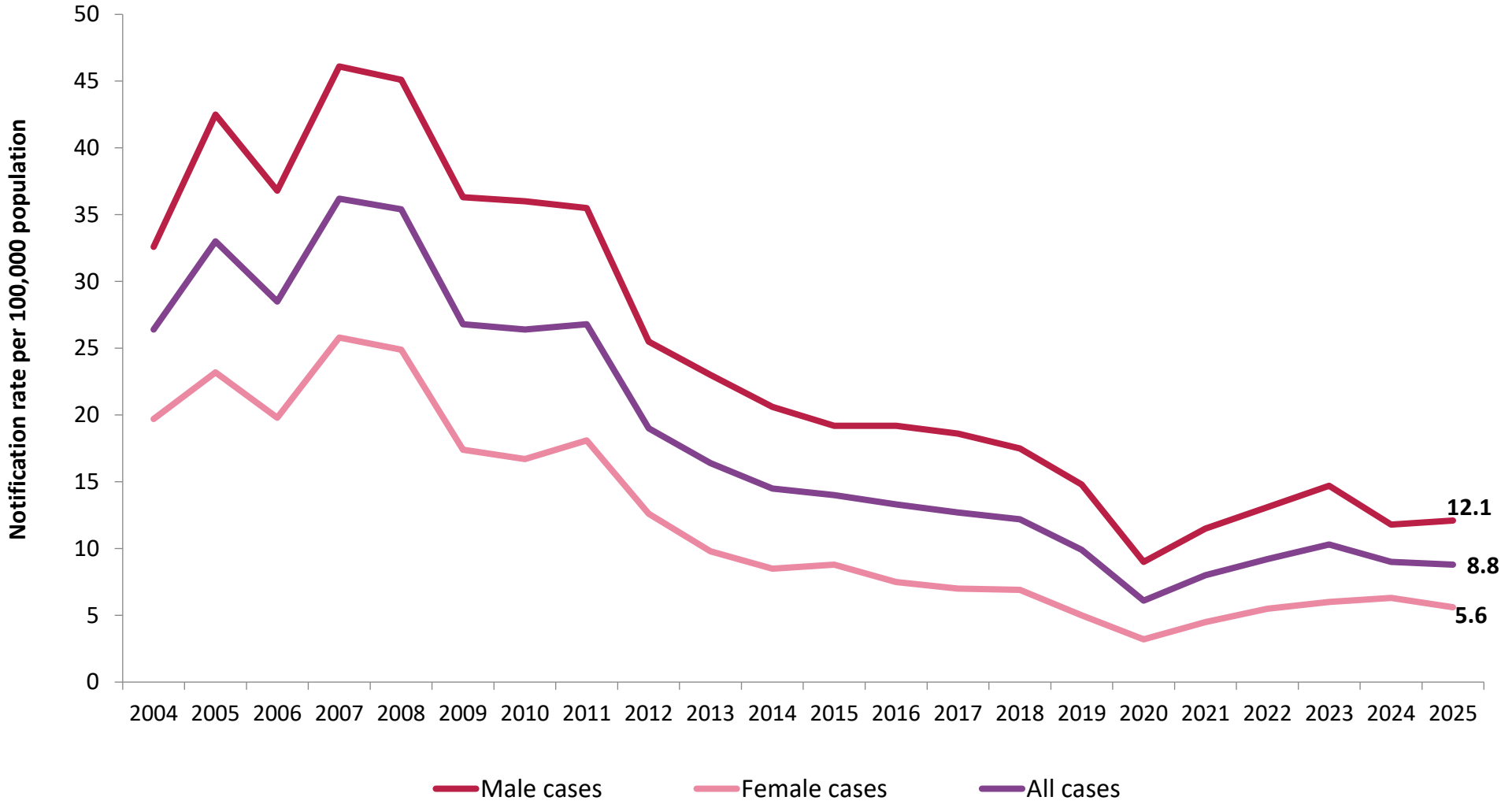
Trends in hepatitis C notifications, by sex and median age, 2004 – 2025, in Ireland



- The **median age** at diagnosis for hepatitis C cases has increased over time:
  31 years in 2004
  44 years in 2025
- In 2025, 68% of notified cases were male (308 males, 145 females)

Data source: CIDR, 16/06/2026

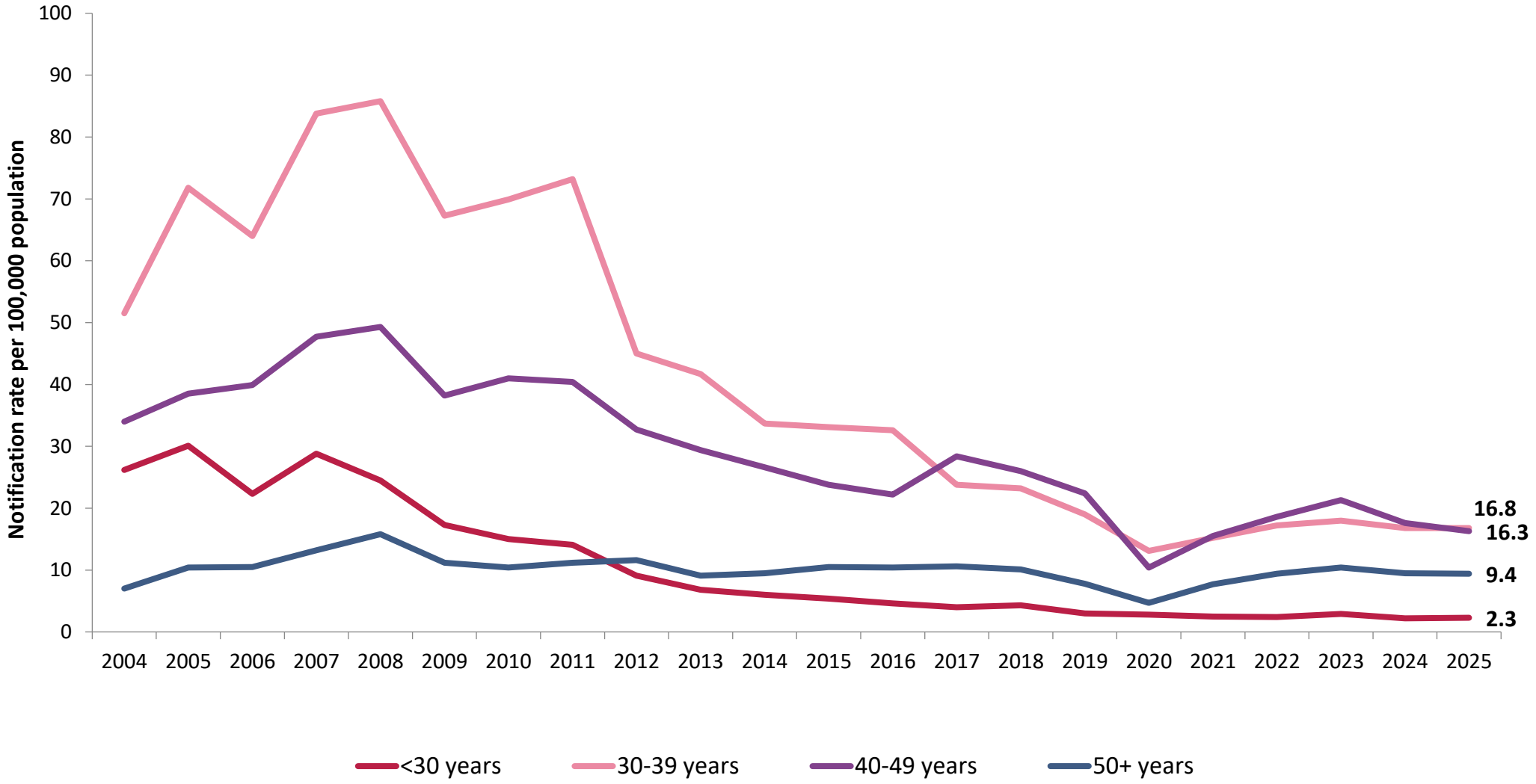
Trends in sex specific notification rates per 100,000 population for hepatitis C in Ireland, 2004 – 2025



- Hepatitis C notification rates are consistently higher in males compared to females
- Notification rates decreased significantly in both males and females between 2012 and 2025

Data source: CIDR, 16/06/2026

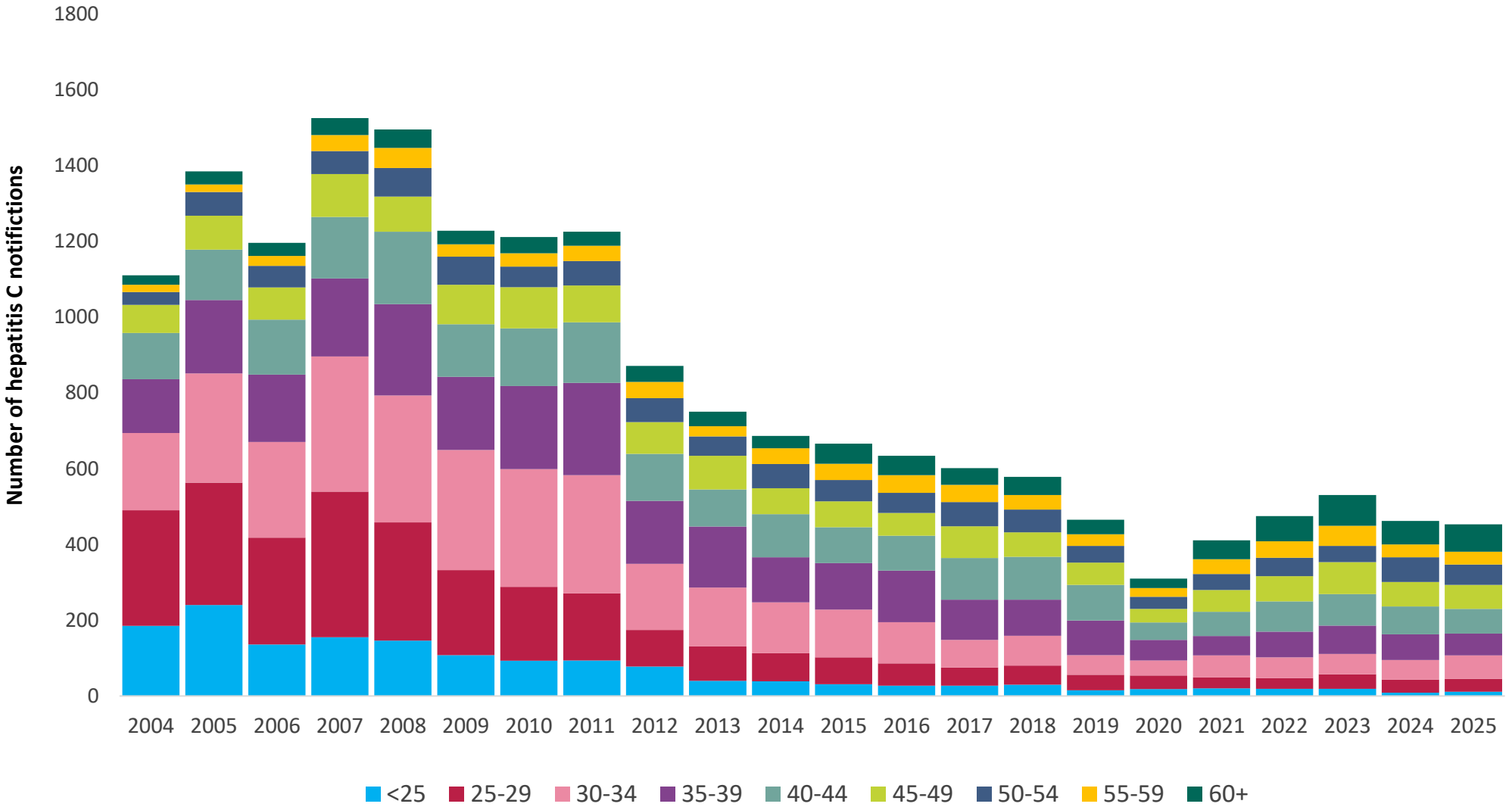
Trends in age specific notification rates per 100,000 population for hepatitis C in Ireland, 2004 – 2025



- The highest hepatitis C notification rates in 2025 were in people aged 30-49 years
- The notification rate was very low in those aged <30 years
- Age-specific notification rates were relatively stable between 2023 and 2025

Data source: CIDR, 16/06/2026

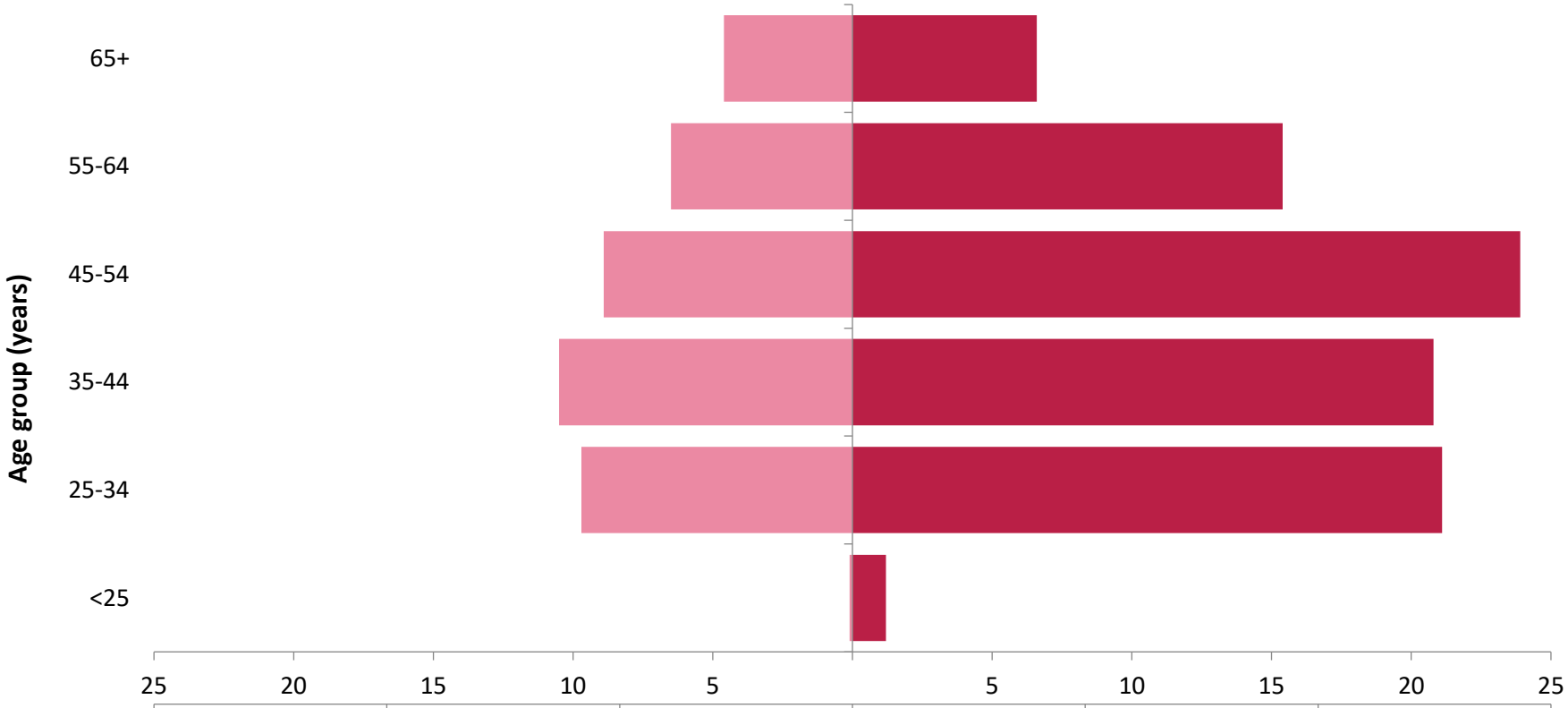
Number of hepatitis C notifications by age group (years) in Ireland, 2004 – 2025



- The age profile for hepatitis C notifications has gradually increased over time, most likely reflecting diagnoses in chronic cases detected through screening
- 10% of hepatitis C cases were <30 years in 2025 compared to 44% in 2004

Data source: CIDR, 16/06/2026

Hepatitis C notification rates per 100,000 population, by age and sex, 2025

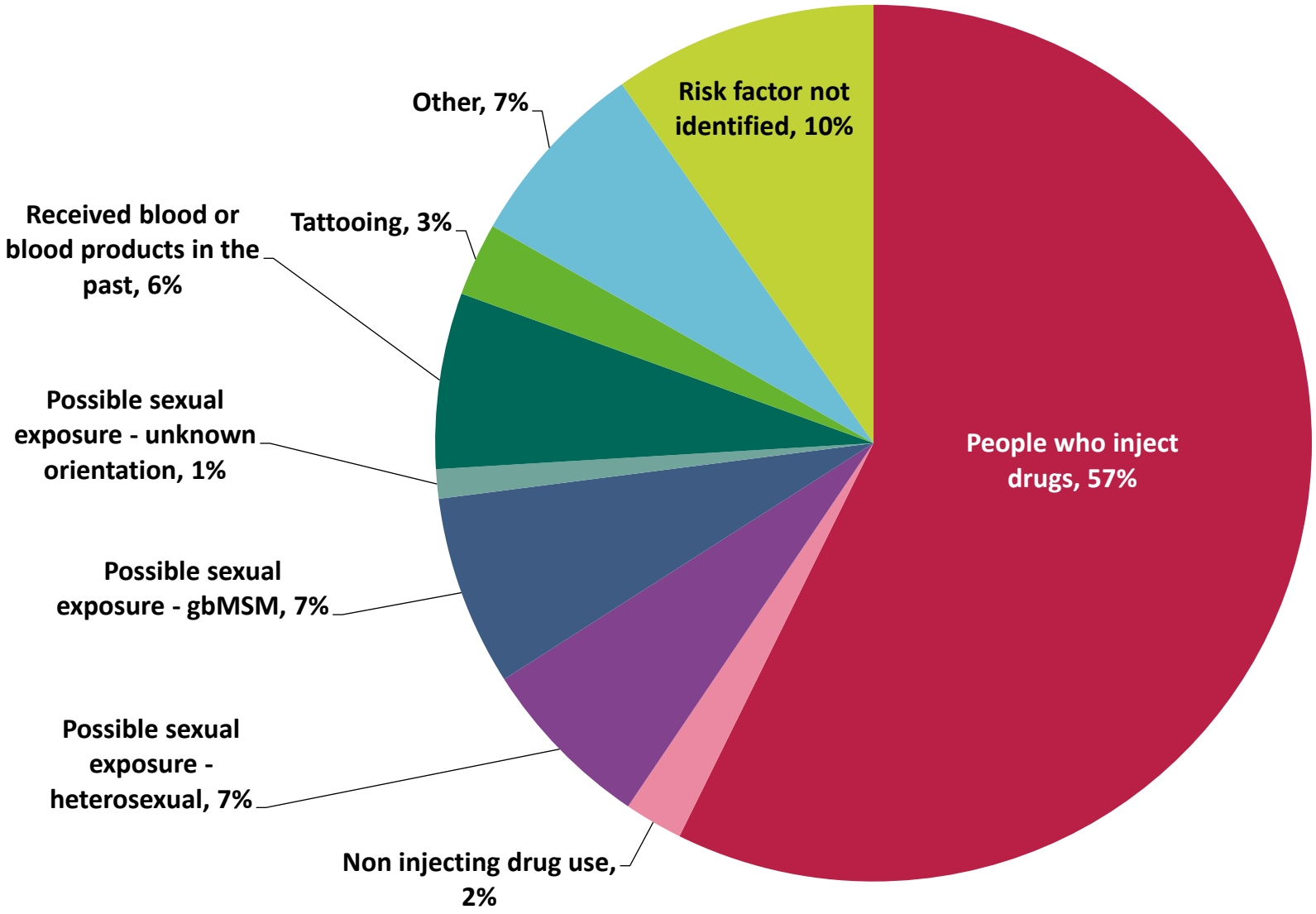


	<25	25-34	35-44	45-54	55-64	65+
Females	0.1	9.7	10.5	8.9	6.5	4.6
Males	1.2	21.1	20.8	23.9	15.4	6.6

- The age and sex distribution for hepatitis C cases in 2025 was similar to 2024
- The highest notification rates in 2025 were in males aged 25-54 years (22 per 100,000 population)

Data source: CIDR, 16/06/2026

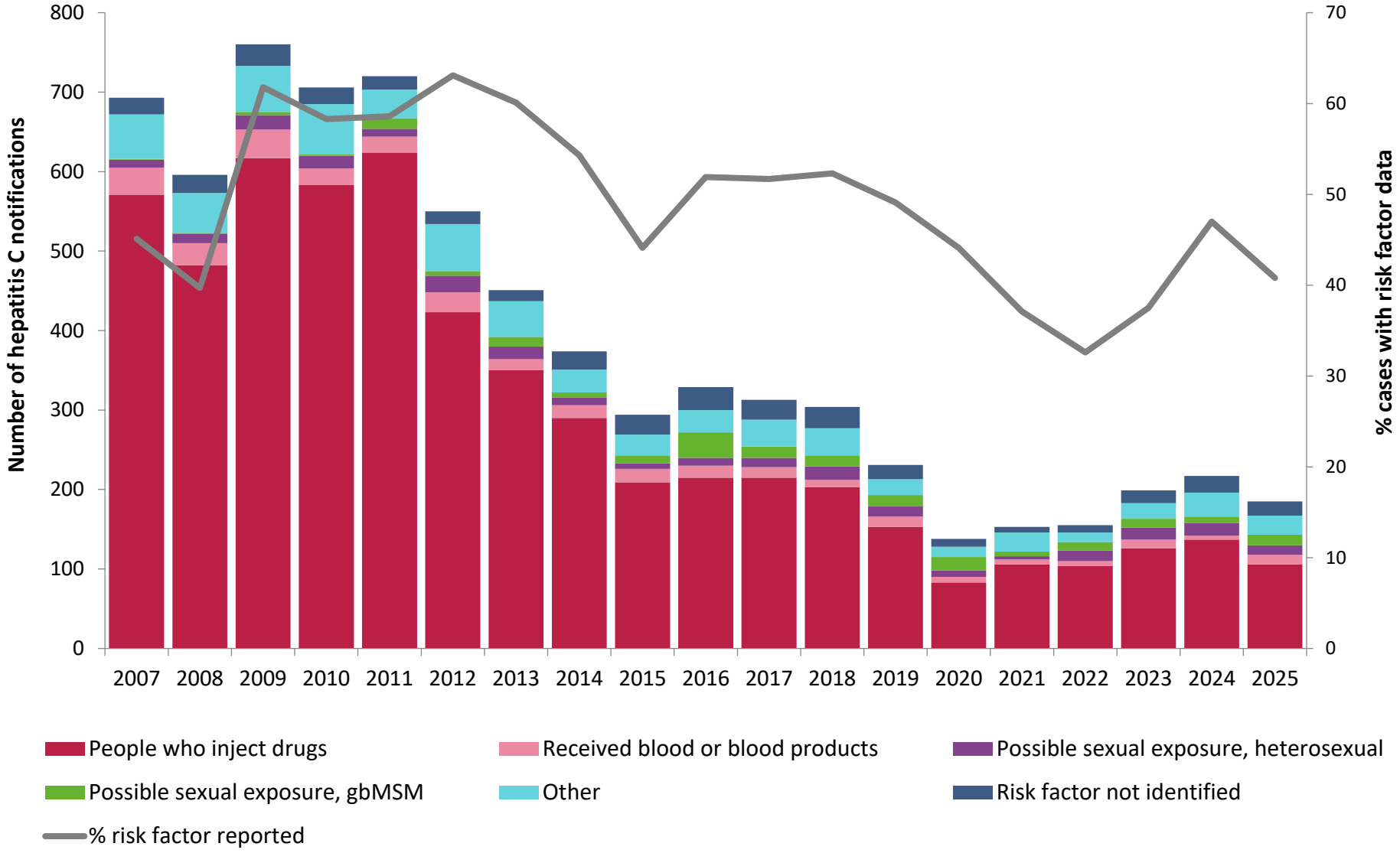
Most likely risk factor distribution for hepatitis C notifications in Ireland, 2025 (where data available - 41%, n = 185)



- Risk factor information was reported for less than half of all hepatitis C cases notified in 2025
- Data completeness was better for cases reported to have been born in Ireland - risk factor reported for 80%, of whom 78% were people who use drugs
- The risk of hepatitis C transmission through heterosexual sex is generally considered to be low, and this may be over-reported in the notifications data

Data source: CIDR, 16/06/2026

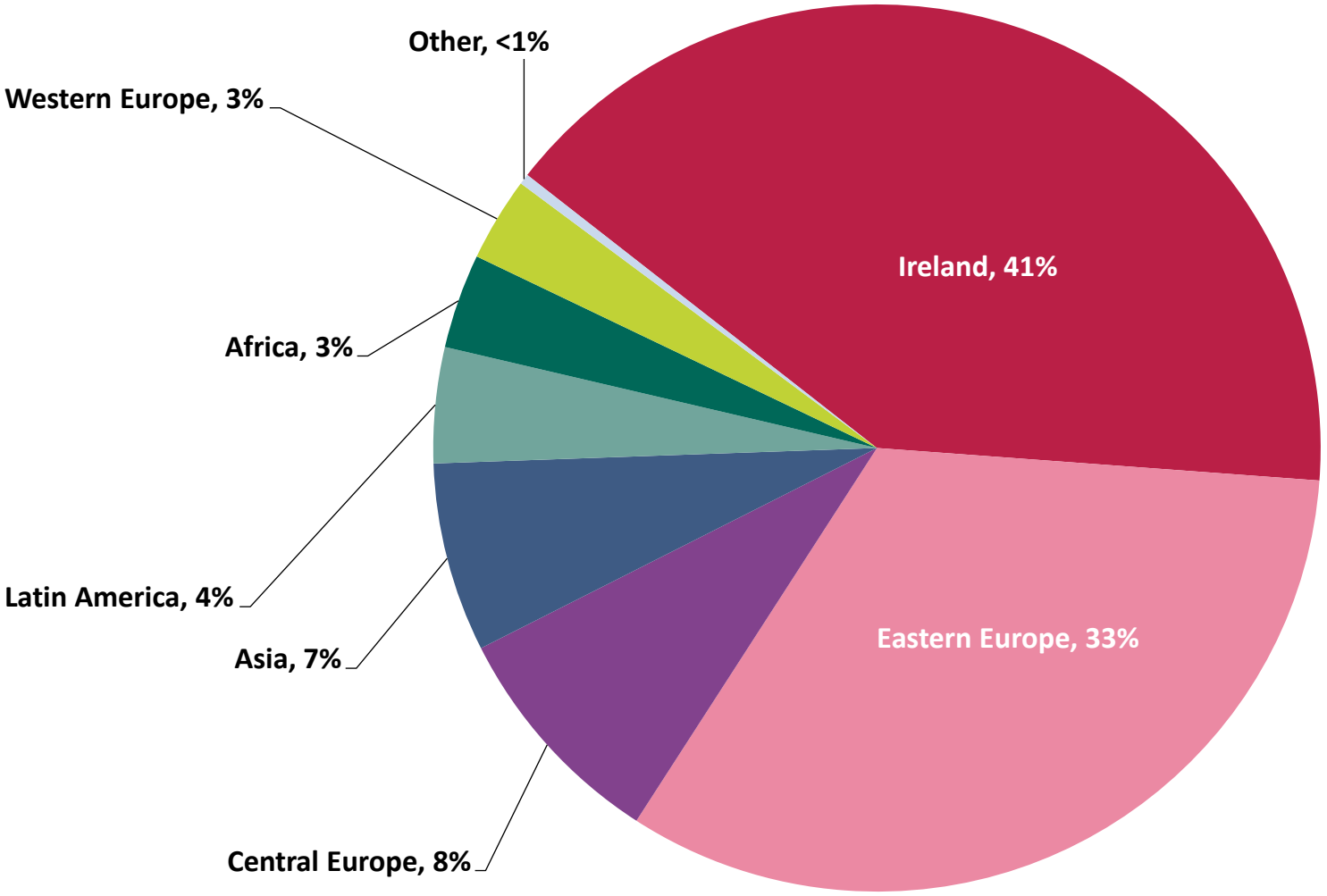
Trends in most likely risk factor for hepatitis C notifications in Ireland, 2007- 2025 (where data available - 50%, n = 7,368)



- Where risk factor data were reported, the predominant risk factor for hepatitis C in Ireland was injecting drug use
- Risk factor not identified refers to cases that were followed up by the Department of Public Health, but mode of transmission was not determined
- Information on risk factor was not reported for a significant proportion of hepatitis C cases – this should be taken into consideration when interpreting trends in risk factor distribution

Data source: CIDR, 16/06/2026

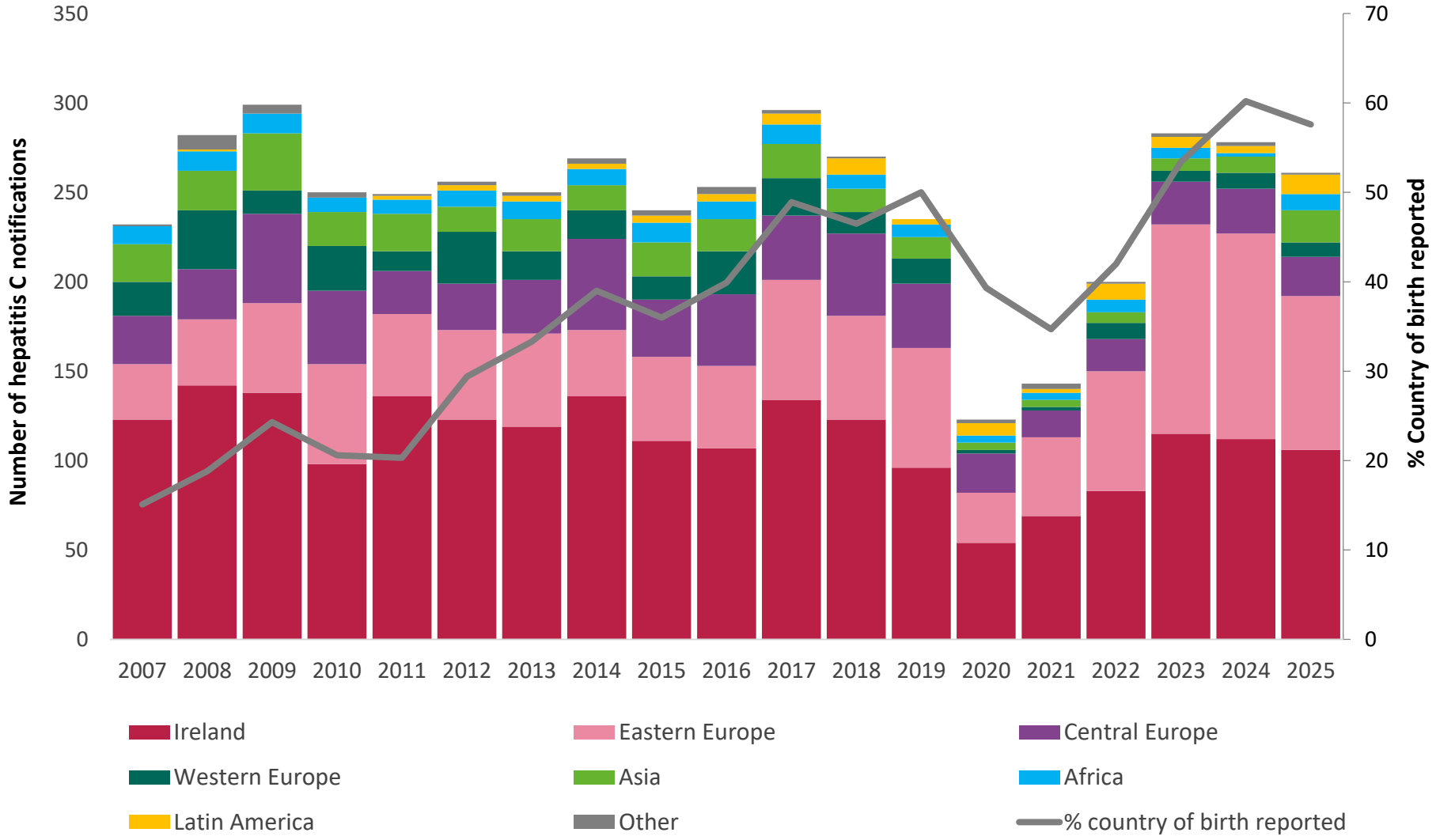
Country/region of birth for hepatitis C notifications in Ireland, 2025 (where data available 58%, n = 261)



- Information on country of birth was reported for 58% of hepatitis C cases notified in 2025
- Of these, 41% were born in Ireland, 33% were born in eastern Europe and 8% were born in central Europe
- 67% of the cases born outside Ireland were born in hepatitis C endemic countries (≥2% anti-HCV prevalence)
- The reported country/region of birth distribution may be not be representative of all cases
- Ethnicity was reported for 37% of cases in 2025. Where reported, 40% of cases were 'White Irish', 35% were 'White – any other background', 7% were 'White, not specified', 1% were White – Irish Traveller, 10% were 'Asian or Asian Irish' and other ethnicities were reported for 7%.

Data source: CIDR, 16/06/2026

Trends in country/region of birth for hepatitis C notifications in Ireland, 2007- 2025 (where data available 32%, n= 4,669)



- Information on country of birth was reported for 32% of hepatitis C cases notified between 2007 and 2025. Data completeness increased over time and should be taken into account when interpreting trends.
- The proportion of notified hepatitis C cases born in eastern Europe decreased between 2024 (41%) and 2025 (33%)

Data source: CIDR, 16/06/2026

Hepatitis C prevalence in Ireland (people living with chronic infection)

- **Diagnosed cases: > 18,000 cases of hepatitis C were notified in Ireland between 2004 and 2025**
  - Includes some duplicates (full names not always provided/name variations)
  - Includes some spontaneously resolved cases pre-2012 (25-30% notifications 2004-2011 >2,600 cases)
  - Includes cases that were chronically infected when notified but have since been successfully treated (>8,700 cases in Ireland treated 2012-2025 (94% success rate), some additional cases treated prior to monitoring of treatment)
  - A proportion of notified cases are also likely to have died – 36% of hepatitis C cases diagnosed in Scotland estimated to have died by March 2025, but drug-related and all cause mortality rates in Scotland are relatively high

- **HPSC/NVRL study:** National Virus Reference Laboratory residual sera **2014-2016**, estimated viraemic HCV prevalence 0.57% in adults (95% CI: 0.4-0.8), 19,606 people (95% CI: 13,758-27,860)

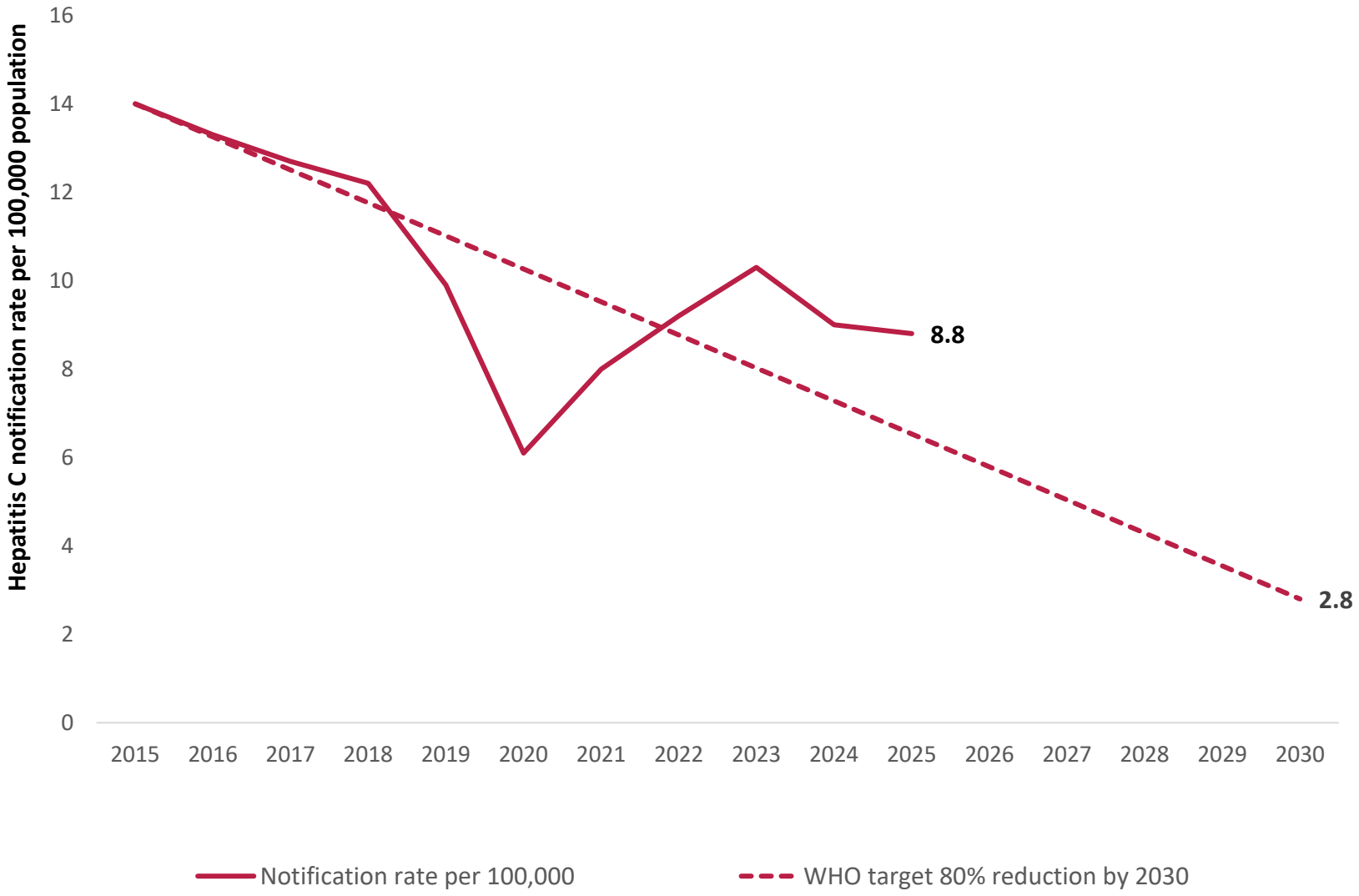
- **More recent viraemic hepatitis C prevalence estimates**
  - **Emergency department screening - SJH EDVS programme:** (catchment population not representative of the general population) mid-2022 to mid-2023 **viraemic HCV infection 0.7%,** 3.6% anti-HCV positive (personal communication)
  - **People seeking international protection who are living in state-provided (IPAS) accommodation:** Of more than 2,400 people seeking international protection tested in 2025*, **0.16%** tested positive for viraemic HCV infection (0.5% were HCV antibody 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
  - **2024 Antenatal screening data**: viraemic infection **0.06%** based on data from three Dublin-based maternity hospitals (Rotunda, Coombe and the National Maternity Hospital, Holles St) (personal communication). Antenatal prevalence may differ in other regions.
  - **2019 Modelling study**: viraemic HCV infection Ireland **0.21%** (95% CI: 0.13-0.35) or 7,844 individuals (95% CI: 4,711-13,035)
  - **Seroprevalence study using specimens from 2021-2023**: viraemic HCV infection Ireland **0.1% prevalence** (3,500-5,000 people) based on >14,000 anonymised residual GP sera from a nationwide selection of hospital laboratories. **0.5% anti-HCV positive** (high clearance rate, showing the impact of DAA treatment)

World Health Organization (WHO):

Elimination of hepatitis C as a public health threat by 2030

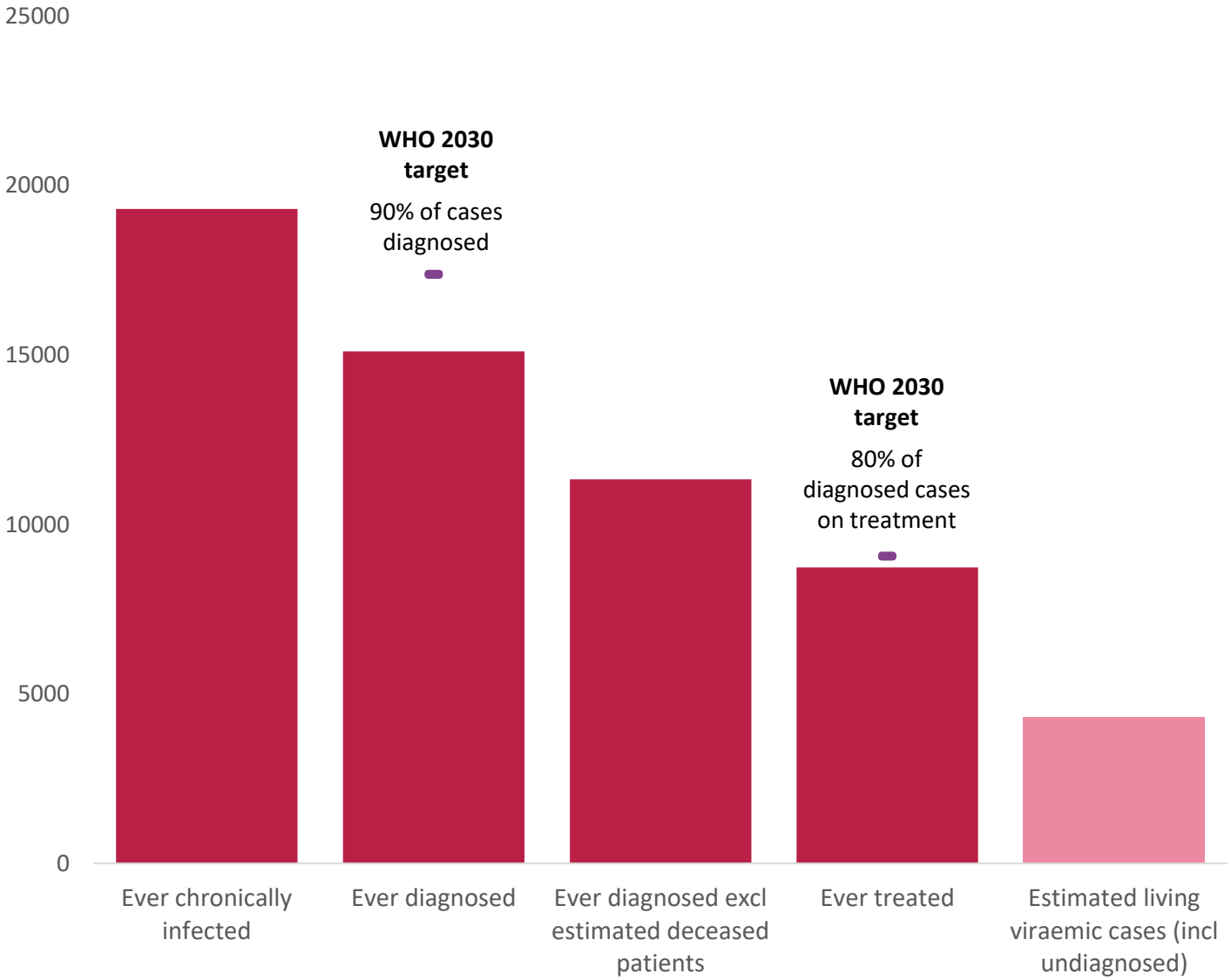
Hepatitis C notification rates compared to WHO targets for hepatitis C incidence rates



Context

- Hepatitis C notifications in Ireland reflect new diagnoses in Ireland but **do not reflect incidence**
- Notifications are a mix of new infections (acute cases) acquired in Ireland and longer-term chronic cases detected in people born in Ireland and born outside Ireland
- In 2025, where country of birth was reported, less than half of notified cases were born in Ireland
- The acute hepatitis C notification rate in 2025 was 0.5/100,000 population
- This is likely to be an underestimate of incidence as case ascertainment depends on regular testing of people with ongoing risk factors, including those who were successfully treated
- There is evidence of ongoing transmission of hepatitis C in Ireland, including reinfections
- However, we are likely to be on track for meeting the 2030 WHO incidence rate targets

Hepatitis C cascade of care estimates (variable confidence levels)



Source of estimates

Ever chronically infected: ~19,000

NHCTP/SEU seroprevalence study: antibody prevalence 0.5%, multiplied by 75% to estimate the number of ever chronically infected people (does not account for cases who died before seroprevalence study)

Diagnosed cases: ~15,000

Notifications adjusted for spontaneously resolved cases notified 2004-2011 (multiplied by 75%) and estimated duplicates (minus 4%). This equates to just under 80% of cases diagnosed (not accounting for mortality)

SJH EDVS data 2015-2024– **86% of HCV antibody positive cases** detected were previously diagnosed

Mortality

- Scotland: 36% of diagnosed chronic HCV cases known to have died
- Ireland: Unknown – used a conservative estimate of 25%

Ever treated (National Hepatitis C Treatment Programme data)

- >8,700 treated 2012-2025, 94% success rate (where known)
- Reinfections post successful treatment are an emerging issue – 9% of treatment episodes in 2025 were re-treatments due to reinfection

Living viraemic cases (based on specimens taken 2021-2023)

NHCTP/SEU seroprevalence study: antigen prevalence 0.08%

Progress towards hepatitis C elimination – ECDC and WHO indicators

WHO targets	2030 WHO target	Ireland
Percentage of HCV cases diagnosed	90%	St James's Hospital emergency department screening data 2015-2024: 86% of HCV antibody positive cases detected were previously diagnosed cases. Estimates based on notifications data and seroprevalence data indicate that close to 80% of HCV cases are diagnosed in Ireland, but this is likely to be an overestimate as it doesn't account for mortality in notified cases.
Proportion of diagnosed chronic HCV cases on antiviral treatment	80%	National Hepatitis C Treatment Programme data: over 8,700 people treated 2012-2025 with a 94% success rate. Based on treatment data, notifications data and prevalence estimates, over two thirds of living diagnosed chronic cases are likely to have been successfully treated.
Absolute target for new infections per year	5 per 100,000 population	This target may have been achieved in Ireland. The notification rate in 2025 was 9/100,000 population, but annual notifications reflect diagnoses in Ireland and not incidence and more than half of cases are likely to be long-term chronically infected patients detected through screening in risk-based settings.
Blood safety and haemovigilance	100%	100% of blood units are tested using nucleic acid amplification testing (highly sensitive) in Ireland

WHO/ECDC reports

- WHO interim guidance for country validation of viral hepatitis elimination, 2021
- WHO Global health sector strategies on HIV, viral hepatitis and STIs, 2022-2030
- Monitoring of the responses to the hepatitis B and C epidemics in EU/EEA countries, 2023

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

Free hepatitis C home testing is available from the HSE for those with self-reported risk factors. Over 14,000 test kits have been ordered since its launch in April 2023
https://www2.hse.ie/services/order-a-hepatitis-c-test/

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 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

HSE Sexual Health Programme (SHP)

- Information on sexually transmitted infections (STIs) and sexual health services
- STI testing, including hepatitis C for gbMSM and those with other risk factors, is provided free of charge in publicly-funded sexual health clinics
- Free home STI testing, including hepatitis C for gbMSM, is available nationally from the HSE
- Resources for gbMSM are available at www.man2man.ie

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

Limitations

- Hepatitis C became notifiable in Ireland in 2004. Notifications include some (but not necessarily all) cases diagnosed before 2004 and some duplicates (full names not reported for all notifications).
- Prior to 2012 the hepatitis C case definitions did not explicitly exclude cases that were known to be resolved (not viraemic at time of diagnosis) and hepatitis C antigen or RNA results were not commonly reported. It is likely that at least one quarter of cases notified 2004-2011 were past infections due to spontaneous resolution or successful treatment.
- Because hepatitis C can be asymptomatic, or mildly symptomatic for some time, **cases may be infected for years before they are diagnosed** and notified.
- Most cases are identified through screening in risk based settings and **notification trends do not represent trends in the incidence** of infection
- Hepatitis C notification data completeness is a barrier to understanding the current epidemiology of hepatitis C in Ireland – information on risk factor and/or country of birth was available for 64% of notified cases in 2025
- In 2015 the World Health Organization (WHO) published a global health sector strategy on viral hepatitis, and a corresponding Action plan for the European Region, with the aim of eliminating viral hepatitis as a public health threat by 2030
    - Ireland has implemented a lot of the WHO recommendations, but hepatitis C testing and mitigation measures are not being monitored in some settings, making it difficult to measure how well guidelines are being implemented and the impact of prevention and control policies.

Technical notes

1. Data are based on statutory notifications and were extracted from Computerised Infectious Disease Reporting (CIDR) system on 16th June 2026. Data are provisional and subject to ongoing review, validation and update. As a result, figures in this report may differ from previously published figures.
2. Data are presented based on date of notification to the Health Protection Surveillance Centre (HPSC).
3. Population data from Census 2006, 2011, 2016 and 2022 were from the Central Statistics Office (CSO)
4. 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.
5. The COVID-19 pandemic (2020 and 2021) impacted hepatitis trends through reduced migration and a potential reduction in case ascertainment and in transmission for acute infections. Enhanced data completeness also declined during these years.
6. 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