



Epidemiology of hepatitis B in Ireland

Trends up to 2024

2024 data are undergoing validation and are provisional

June 2025





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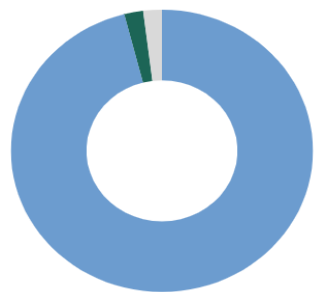
- Microbiology laboratories
- National Virus Reference laboratory (NVRL)
- HSE Regional Departments of Public Health
- HSE National hepatitis C Treatment Programme (NHCTP)
- St. James's Hospital emergency department viral screening (EDVS) team
- Irish Prison Service (IPS)
- Irish Blood Transfusion Service (IBTS)
- HSE Sexual Health Programme (SHP)
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Hepatitis B in Ireland in 2024: key points



- **607** cases of hepatitis B were notified in 2024, a notification rate of **11.8 per 100,000 population**
- Other than the COVID-19 pandemic years (2020 & 2021), hepatitis B notification rates fluctuated between 9 and 12 per 100,000 between 2012 and 2024
- 96% of hepatitis B cases in 2024 were chronically infected (long-term/lifelong infection) when diagnosed, 2% were acute cases (recent infections – within past 6 months) & it was not possible to establish the acute/chronic status for 2% (98% chronic where status was reported)

- The relatively high hepatitis B notification rates in Ireland between 2022 and 2024 should be interpreted with caution. Chronic cases may have been infected for years or decades before being diagnosed in Ireland. Notification rates are not equivalent to incidence of infection
- Country of birth data (available for 67% of cases in 2024) show that <5% of cases were born in Ireland and 85% of hepatitis B cases were born in an endemic country (hepatitis B surface antigen prevalence $\geq 2\%$) (88% of chronic cases and 15% of acute cases)
- The notification rate for **chronic cases** of hepatitis B in 2024 was **11.3 per 100,000 population (583 cases)**
- The notification rate for **acute cases** was low at **0.3 per 100,000 population (14 cases)**, the same as the 2023 rate in Ireland and lower than the overall rate of [0.6 per 100,000 in the EU/EEA](#) in 2023
- The low notification rate for acute cases and low proportion of cases born in Ireland indicate that the incidence of hepatitis B infection is likely to be very low, but the higher notification rate for chronic cases indicates a considerable burden of disease



Public health implications and recommendations

- Hepatitis B is a **vaccine preventable disease**
- Notification data indicate that **infant and childhood vaccination programmes are working**
 - Hepatitis B surface antigen (HBsAg) testing is offered to all pregnant women, and it is [recommended](#) that babies born to positive mothers are given hepatitis B immunoglobulin (HBIG) and their first vaccine dose within 12 hours of birth (reported to be done routinely in Ireland, but not monitored nationally).
 - Hepatitis B vaccination has been included in the childhood immunisation schedule since October 2008 (94% uptake)
 - There have been no notifications of hepatitis B in children under 16 years, who were born in Ireland, in the past five years
 - However, hepatitis B can be asymptomatic for long periods of time and may not be detected. **Routine monitoring of antenatal testing for hepatitis B and the follow up of infants born to HBsAg positive mothers** could provide assurance that all infants receive HBIG and hepatitis B vaccine at birth, receive subsequent vaccine doses and are tested for hepatitis B infection
- **Vaccination uptake in adult at-risk groups** is not available currently in Ireland
 - Monitoring could help identify at-risk groups with lower uptake rates – a new National Immunisation Information System (NIIS) is in development
 - Immunity due to vaccination or past infection is likely to be relatively high in people who use drugs (PWUD). Vaccination and testing for hepatitis B have been recommended for PWUD for decades and injecting drug use is not commonly reported as a risk factor for notified cases of hepatitis B
 - The most common risk factor reported for acute cases of hepatitis B in Ireland is sexual exposure, both heterosexual and sex between men. Vaccine uptake in gay, bisexual and other men who have sex with men (gbMSM) was reported to be 61% in the 2024 EMIS survey, an increase compared to the [2017 EMIS survey](#). However, ongoing case detections indicate that vaccine uptake is sub-optimal in those with sexual risk factors
 - A HSE communications campaign to raise awareness of the risk of acquiring hepatitis B sexually, and to promote vaccination was carried out in 2024
- Most **chronic cases of hepatitis B** in Ireland are **in migrants who were born in a hepatitis B endemic country**. **Linkage to specialist care** and, if clinically appropriate, **antiviral treatment** to suppress viral replication and reduce the risk of onward transmission and disease progression are key interventions
- **Household and sexual contacts of cases should be vaccinated**, and infection control advice provided, to prevent onward transmission of infection

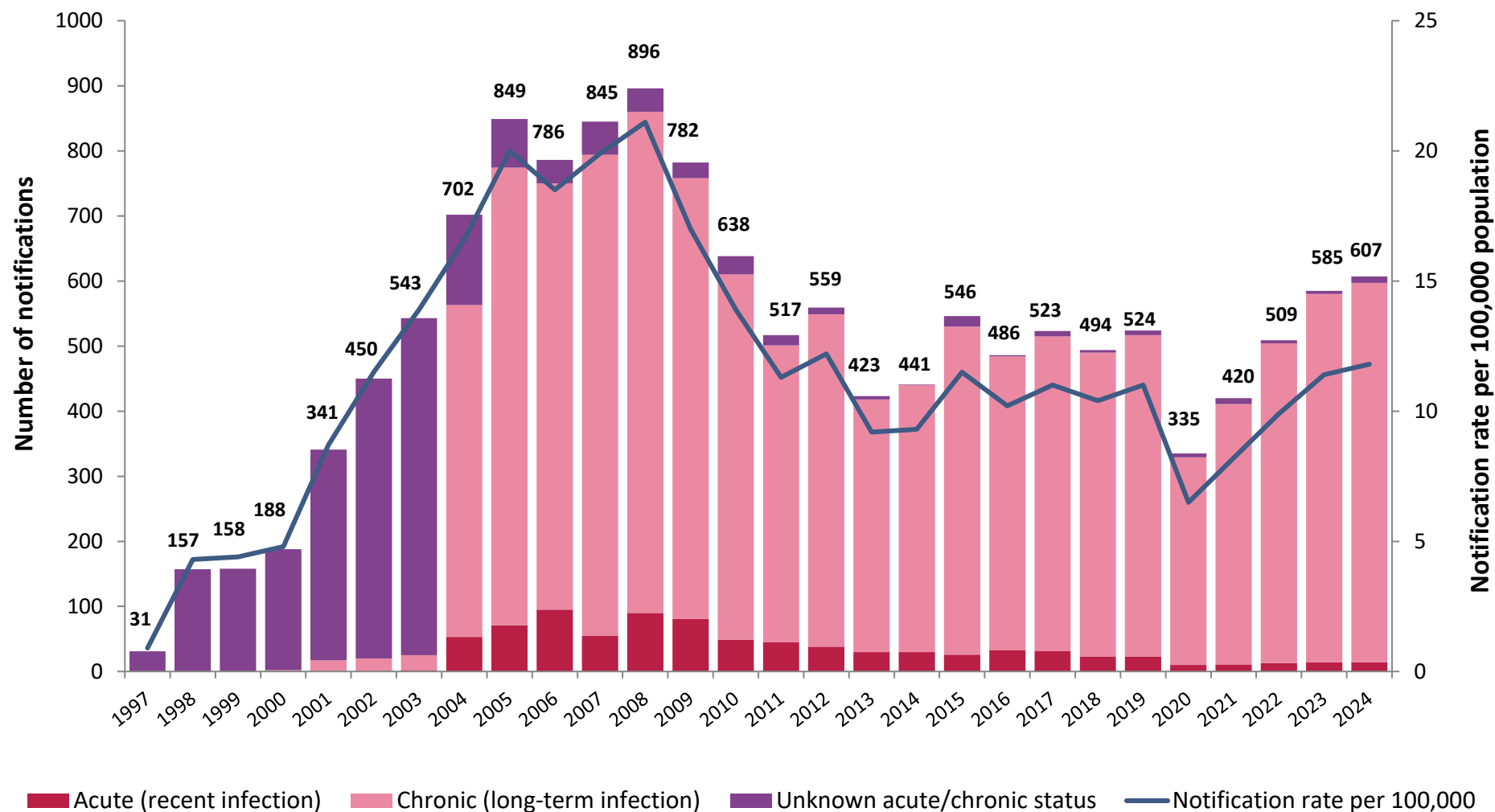


Hepatitis B notifications in Ireland





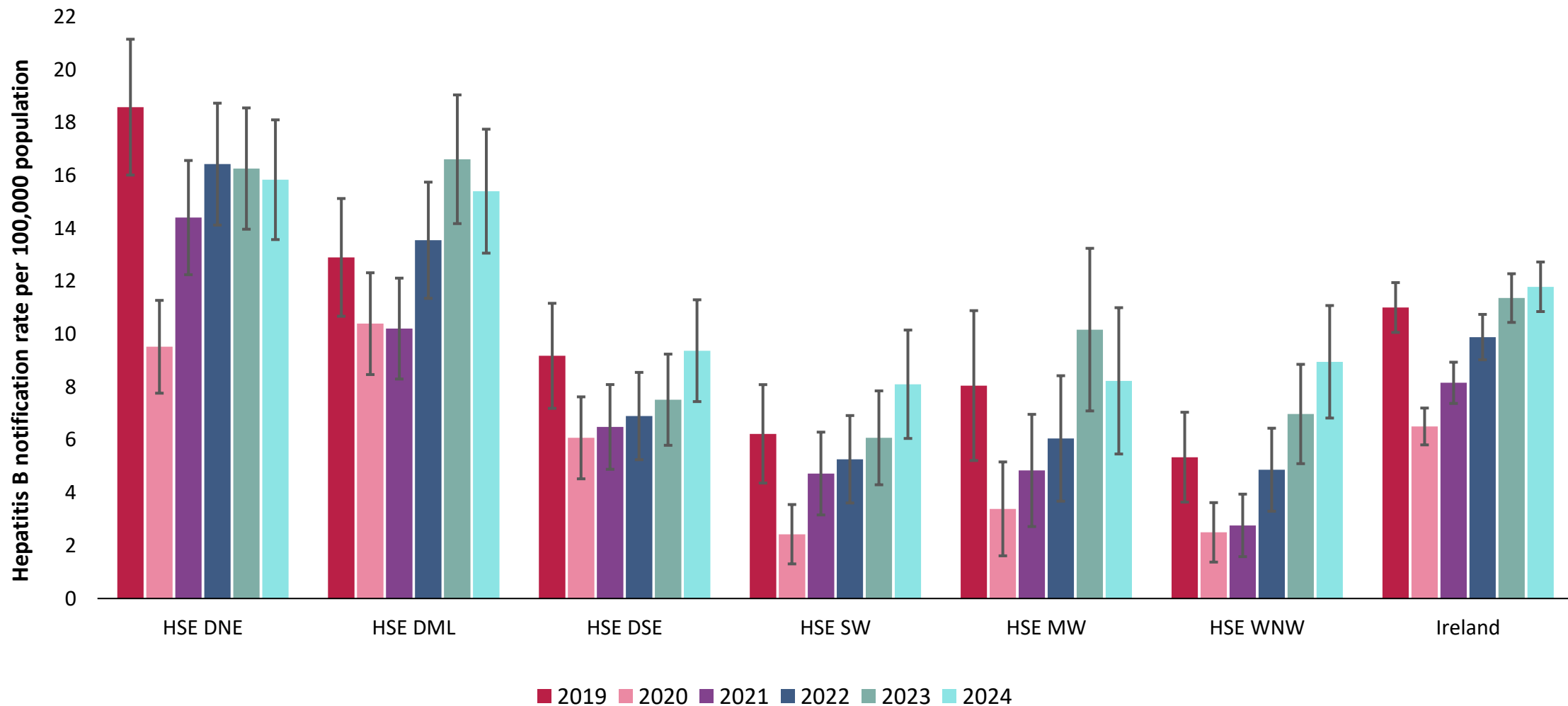
Number of hepatitis B notifications in Ireland by acute chronic status & notification rate per 100,000 population, 1997-2024



- 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 increased slightly between 2019 (n=524, 11.0/100,000 population) and 2024 (n=607, 11.8/100,000 population)
- 96% of hepatitis B notifications between 2019 and 2024 were chronic cases (long-term infections), 3% were acute cases (new infections) and status was not known for 1%
- Hepatitis B has been a notifiable disease since late 1981. The average number of annual notifications 1982-1996 was 29



Hepatitis B notification rates per 100,000 population, by HSE health region, 2019-2024

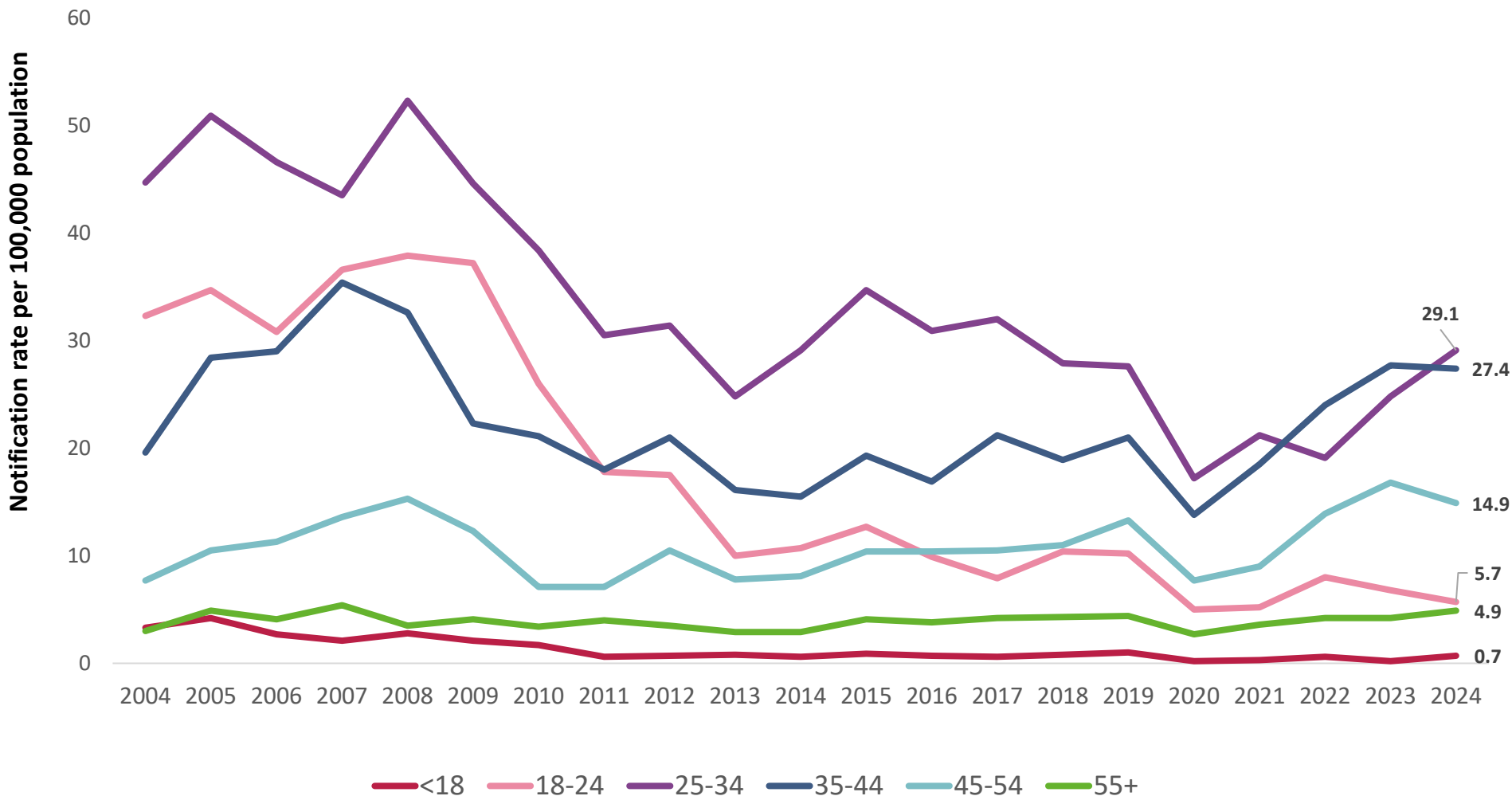


The highest notification rates in recent years were in HSE Dublin and North-East and Dublin and Midlands





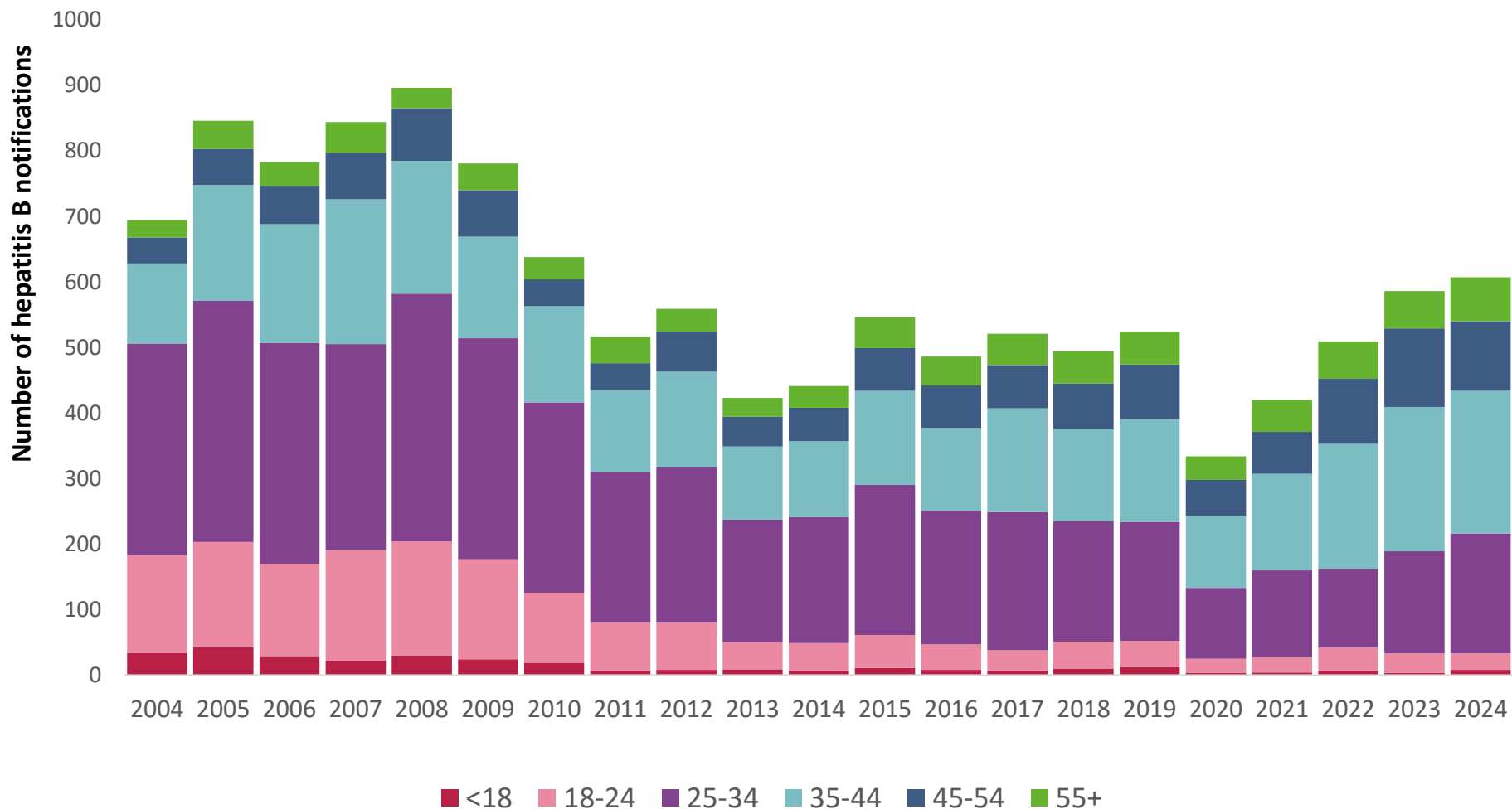
Trends in age specific notification rates per 100,000 population for hepatitis B in Ireland, 2004 – 2024



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



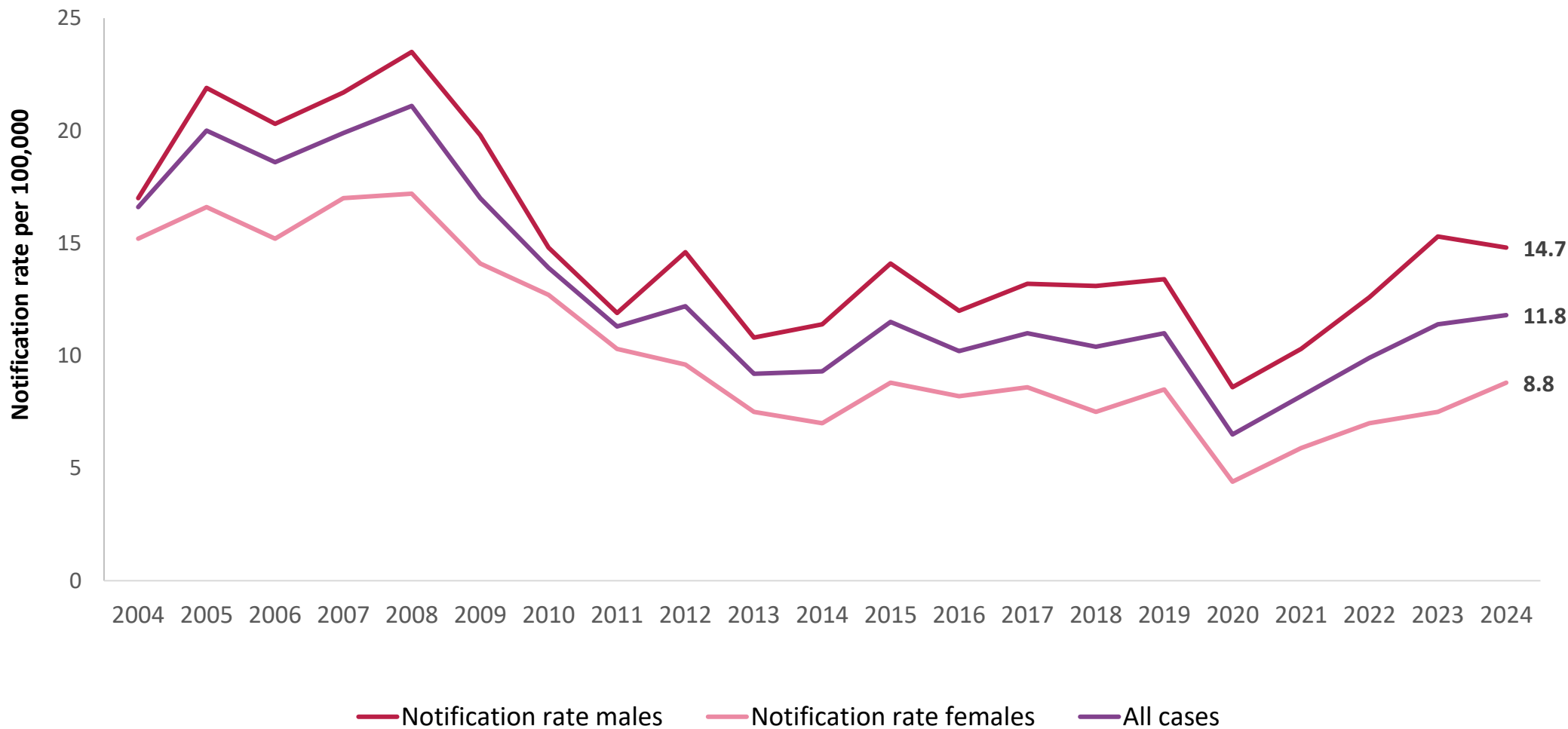
Number of hepatitis B notifications by age group (years) in Ireland, 2004 – 2024



- The age profile for hepatitis B notifications has gradually increased over time
- More than two thirds of hepatitis B cases were 35 years or older between 2022 & 2024, compared to 27% in 2004
- All children born in Ireland since 1st July 2008 were eligible for the hepatitis B vaccine
 - 6 cases have been notified in children born in Ireland since July 2008. All were vertically acquired. The most recent year of birth was 2013
 - 21 additional cases notified in this age cohort were born outside Ireland and country of birth was not reported for 3 cases



Trends in sex specific notification rates per 100,000 population for hepatitis B in Ireland, 2004 – 2024



■ Hepatitis B notification rates are consistently higher in males - 1.7 times higher in 2024

■ 62% of notified cases were in males in 2024

375 males,
230 females
2 unknown



Acute hepatitis B

Recent infection (within the past 6 months)





Summary of **acute** hepatitis B in Ireland, 2007-2024

2007-2024



6% of hepatitis B cases notified 2007-2024 were acute (n=617) when diagnosed (infected within the previous 6 months)



The acute hepatitis B notification rate is low in Ireland and has decreased over time



80% of acute cases notified 2007-2024 were male (M:F = 4:1)

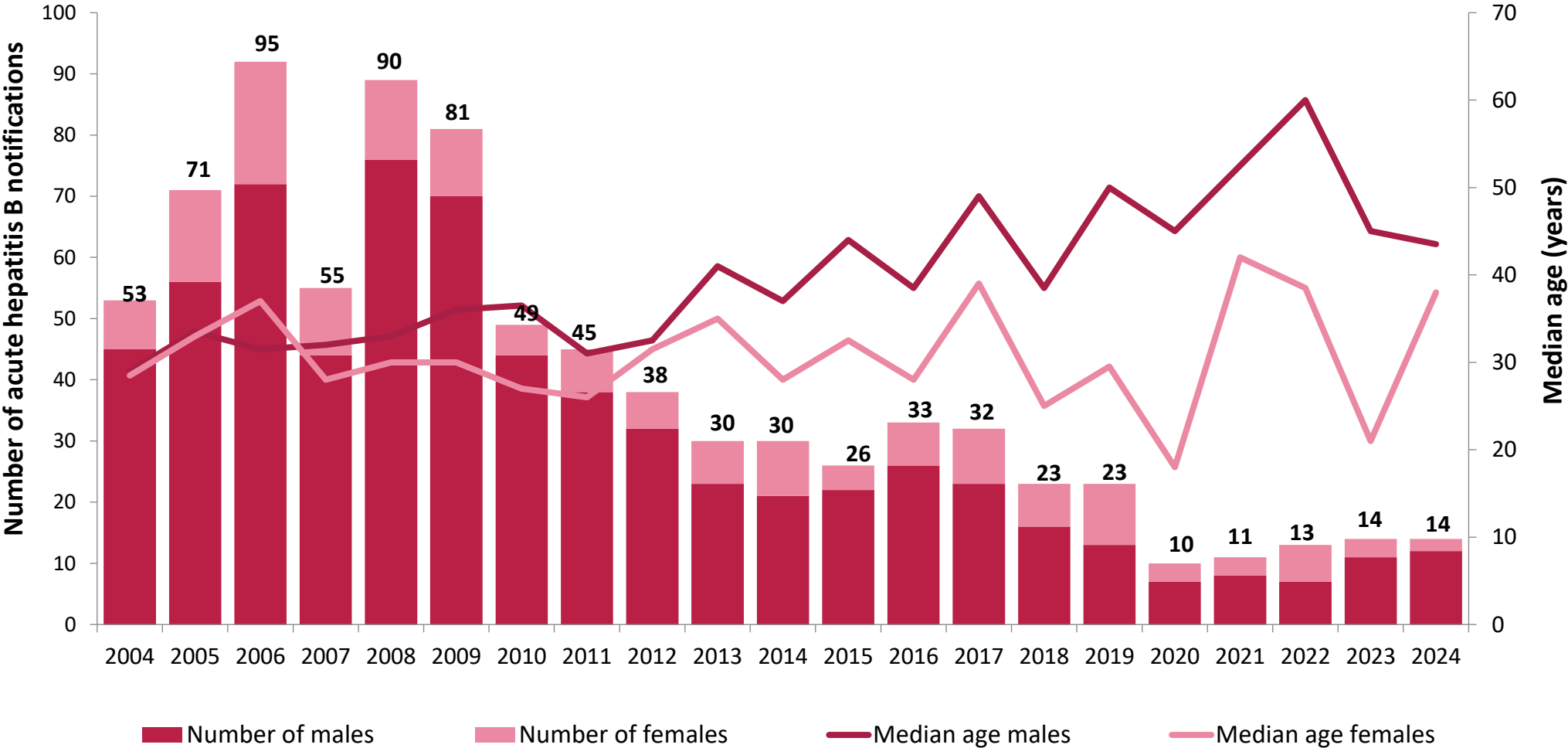
- The annual median age at notification fluctuated, but there was a gradually increasing trend: 29 years in 2007, 43.5 years in 2024
- Where risk factor data were available, 74% of acute cases notified 2007 to 2024 were sexually acquired
- Sexual orientation was reported for 94% of sexually acquired cases; 55% heterosexual, 45% gay, bisexual, and other men who have sex with men (gbMSM)
- Where country of birth was reported, 70% of acute cases were born in Ireland, 10% in eastern or central Europe, 6% in Asia, 5% in western Europe, 5% in sub-Saharan Africa, 3% in Latin America and 1% in other regions
- Where country of infection was reported, 72% of acute cases were acquired in Ireland, 12% in south or south-east Asia and 6% in western Europe. The most commonly reported country of infection for acute cases, other than Ireland, is Thailand.

2024

- 14 acute cases of hepatitis B were notified in 2024 (0.3 per 100,000 population); 12 males & 2 females
- Risk factor was reported for 86% (n=12) and 75% (n=9) of these were likely to have been acquired sexually. A small number of cases reported cocaine use
- The median age for male acute cases was higher than that for female acute cases (43.5 years compared to 38 years)
- Country of birth was reported for 93% of cases (n=13) and 69% (n=9) were born in Ireland



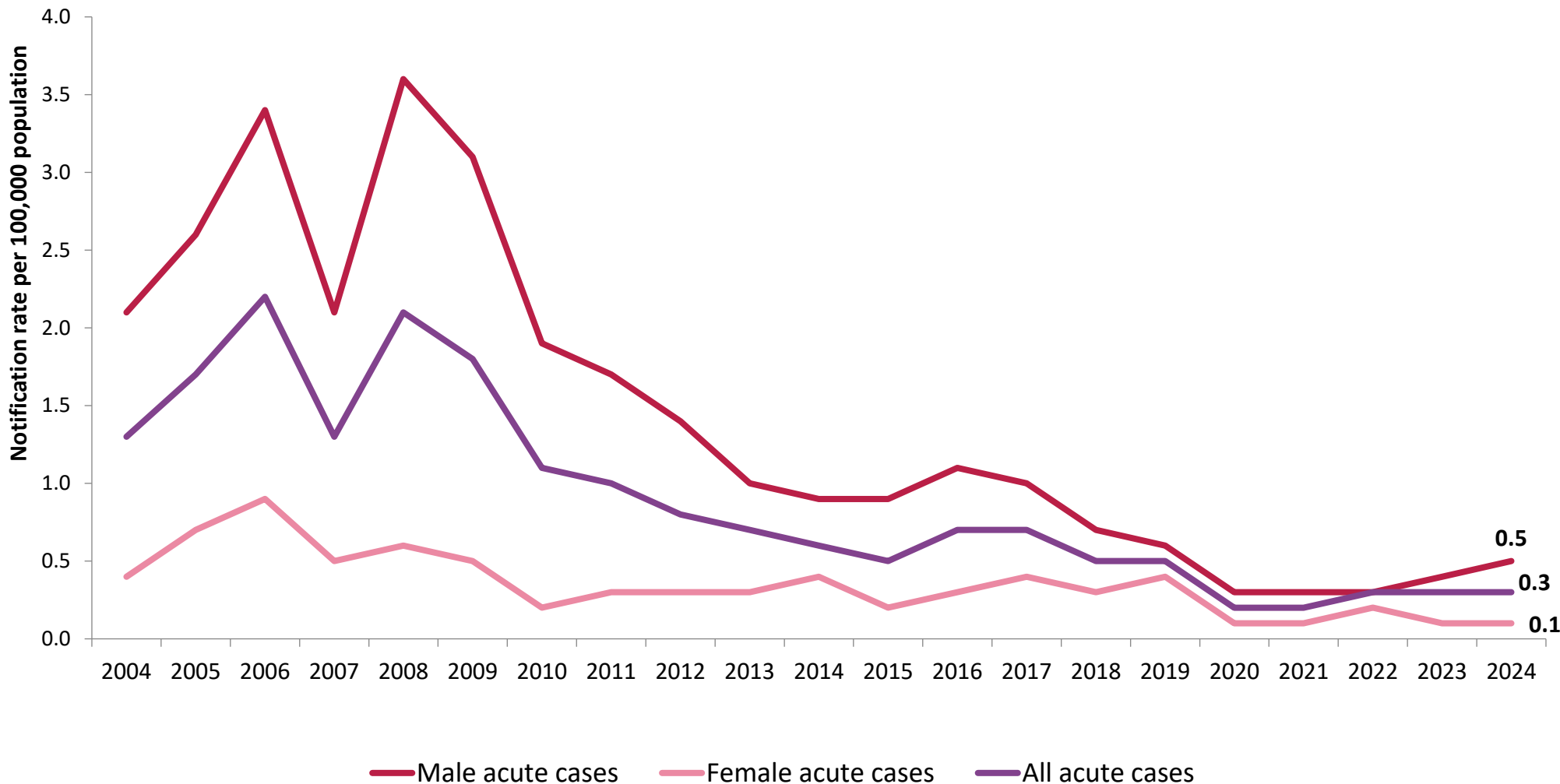
Trends in **acute** hepatitis B notifications, by sex and median age, 2004 – 2024, in Ireland



- The number of acute cases of hepatitis B notified annually has declined in recent years in Ireland
- 80% of acute cases notified 2004-2024 were males
- The median age for male acute cases was consistently higher than that for females



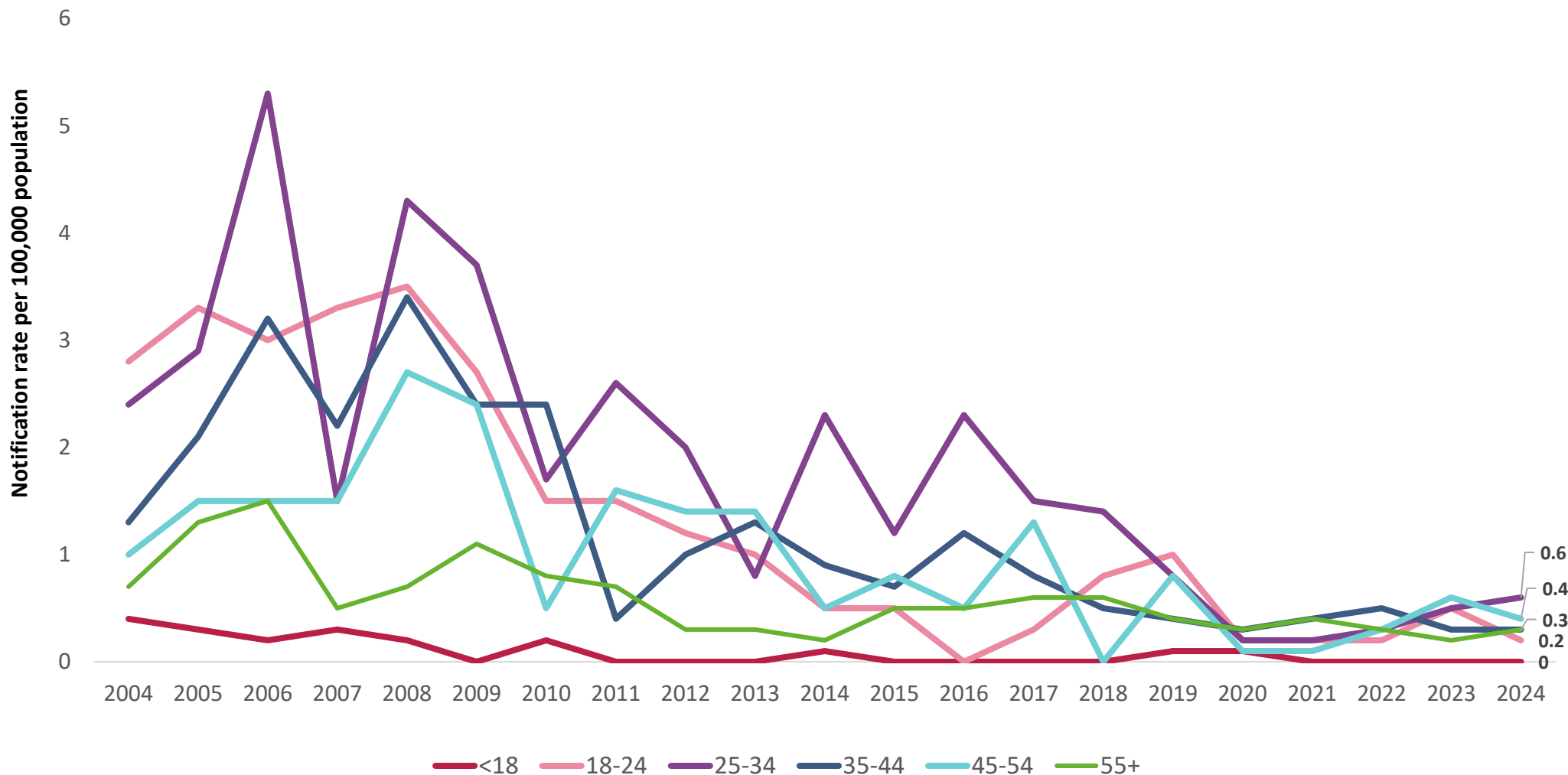
Trends in sex specific notification rates per 100,000 population for **acute** hepatitis B in Ireland, 2004 – 2024



- The notification rate for acute hepatitis B has decreased in both males and females over the past 15 years and is currently very low in Ireland (0.3 per 100,000 population)
- Acute hepatitis B notification rates were higher in males than in females - very few female cases have been reported in recent years



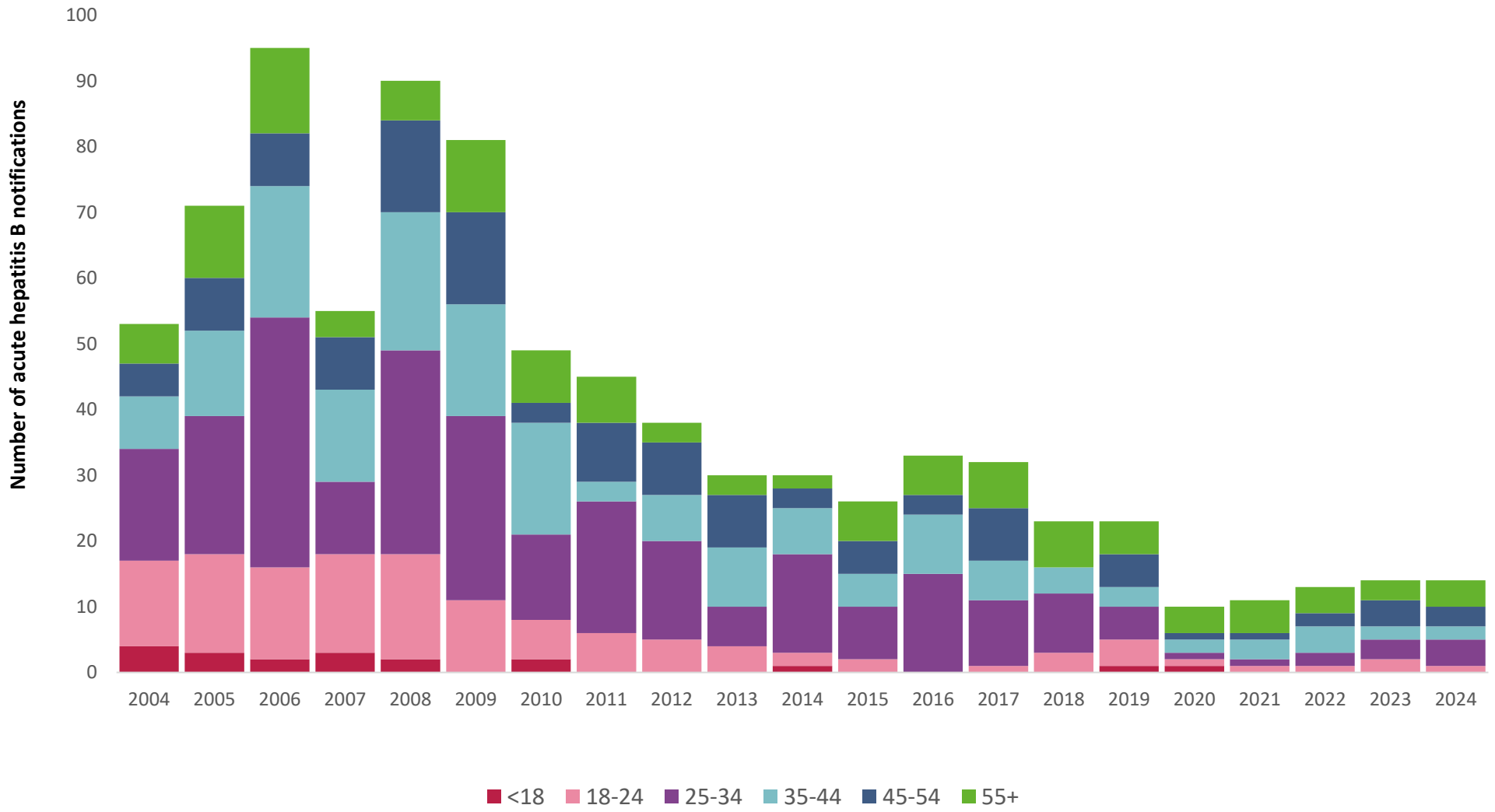
Trends in **acute** hepatitis B notification rates per 100,000 population by age group 2004-2024



- 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 rate in 2024 was in 25-34 years olds (5 out of 14 acute cases, 0.6 per 100,000)



Trends in **acute** hepatitis B notifications by age group 2004-2024

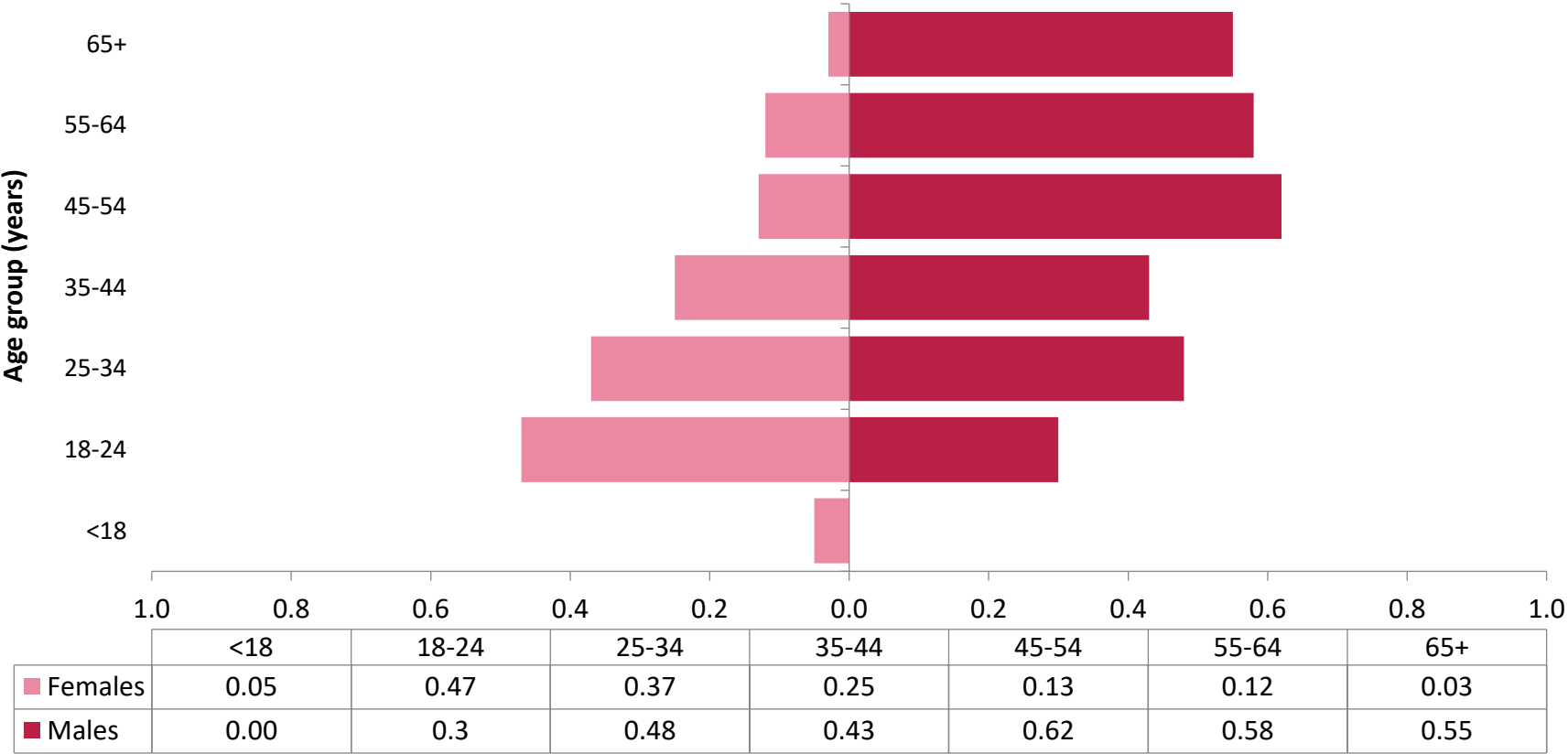


- The number of acute cases notified annually 2019 - 2024 ranged from 10 to 23
- 48% of cases notified in this time-period were >44 years old
- The annual median age for acute cases in the past 6 years ranged from 42 to 50 years (44 years overall)





Mean annual **acute** hepatitis B notification rates per 100,000 population, by age and sex, 2019-2024



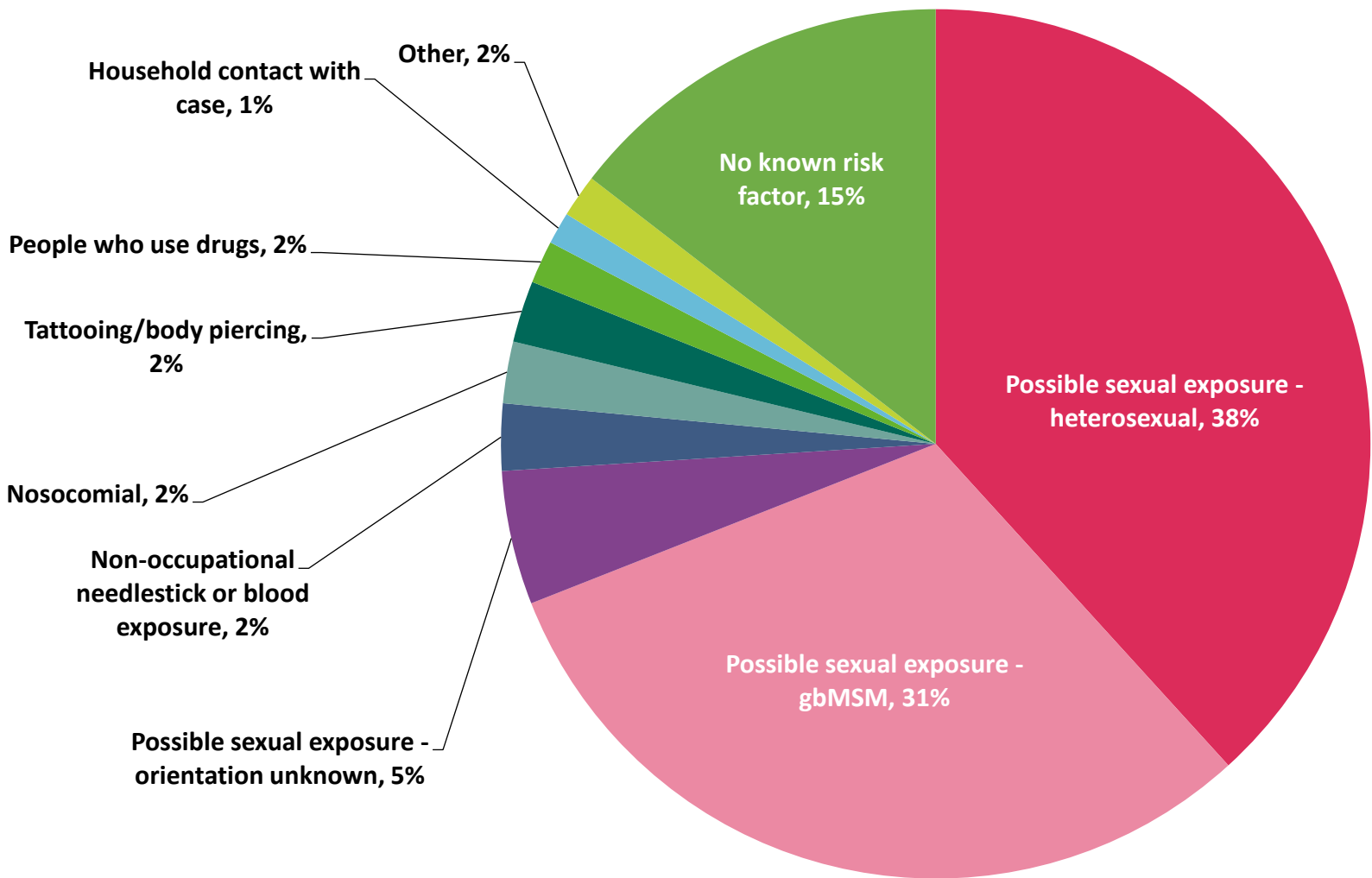
- 68% of cases notified 2019-2024 were male
- The age profile differed for male and female acute cases, with higher notification rates for females in younger adult age groups and a more even distribution of notification rates for males across adult age groups 25 years and older
- The median age for male cases was 47.5 years and the median age for females was 30 years

Mean annual notification rate for acute hepatitis B per 100,000 population, 2019-2024





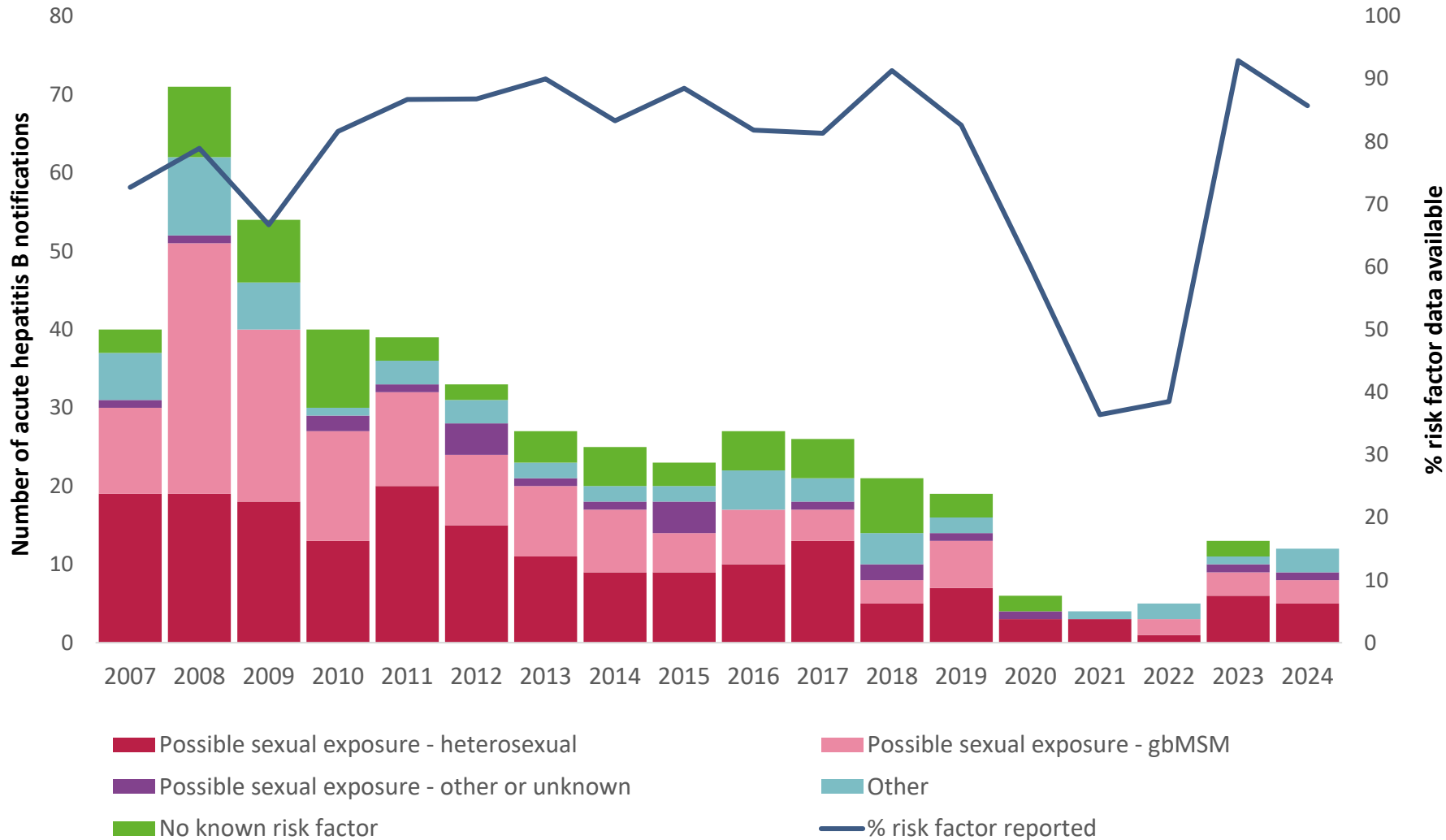
Risk factor/exposure for **acute** hepatitis B notifications in Ireland, 2007- 2024 (where data available - 79%, n=493)



- Where risk factor was reported, 74% of acute cases were sexually acquired (55% heterosexual, 45% gbMSM)
- No known risk factor refers to cases that were followed up by the local Department of Public Health but for whom a risk factor was not identified.



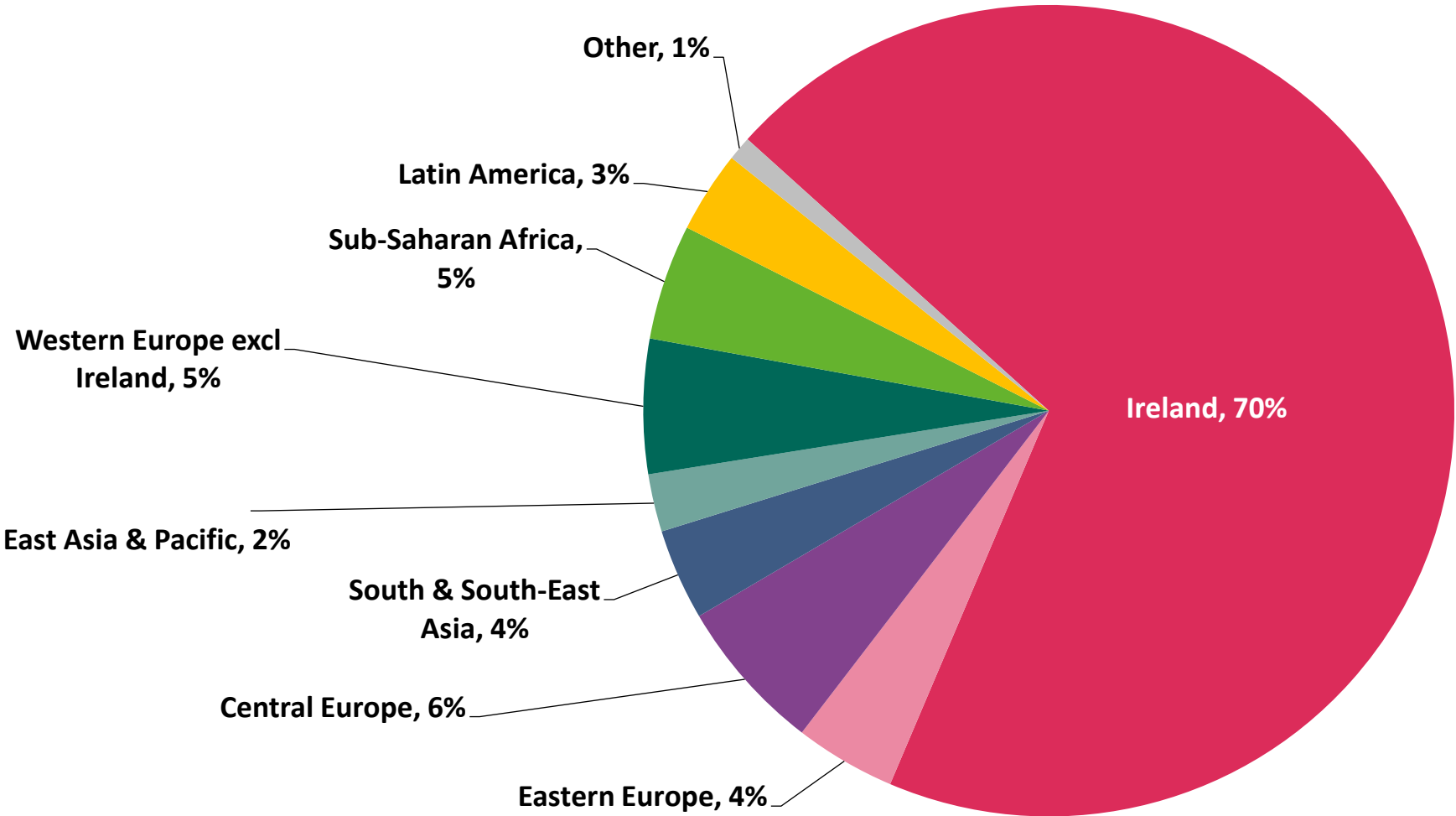
Trends in risk factor/exposure for **acute** hepatitis B notifications in Ireland, 2007- 2024 (where data available - 79%, n=493)



- 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
- Most likely risk factor was reported for 86% of acute cases in 2024, 75% were likely to have been acquired sexually
- Of sexually acquired cases in 2024, 62.5% were heterosexual and 37.5% were gbMSM (sexual orientation not reported for 1 case)
- Risk factor data completeness decreased during the COVID-19 pandemic – reported for 44% of cases 2020-2022



Country/region of birth for **acute** hepatitis B notifications in Ireland, 2007- 2024 (where data available 87%, n=534)



Where country of birth was reported, 70% of acute hepatitis B notifications between 2007 and 2024 were born in Ireland

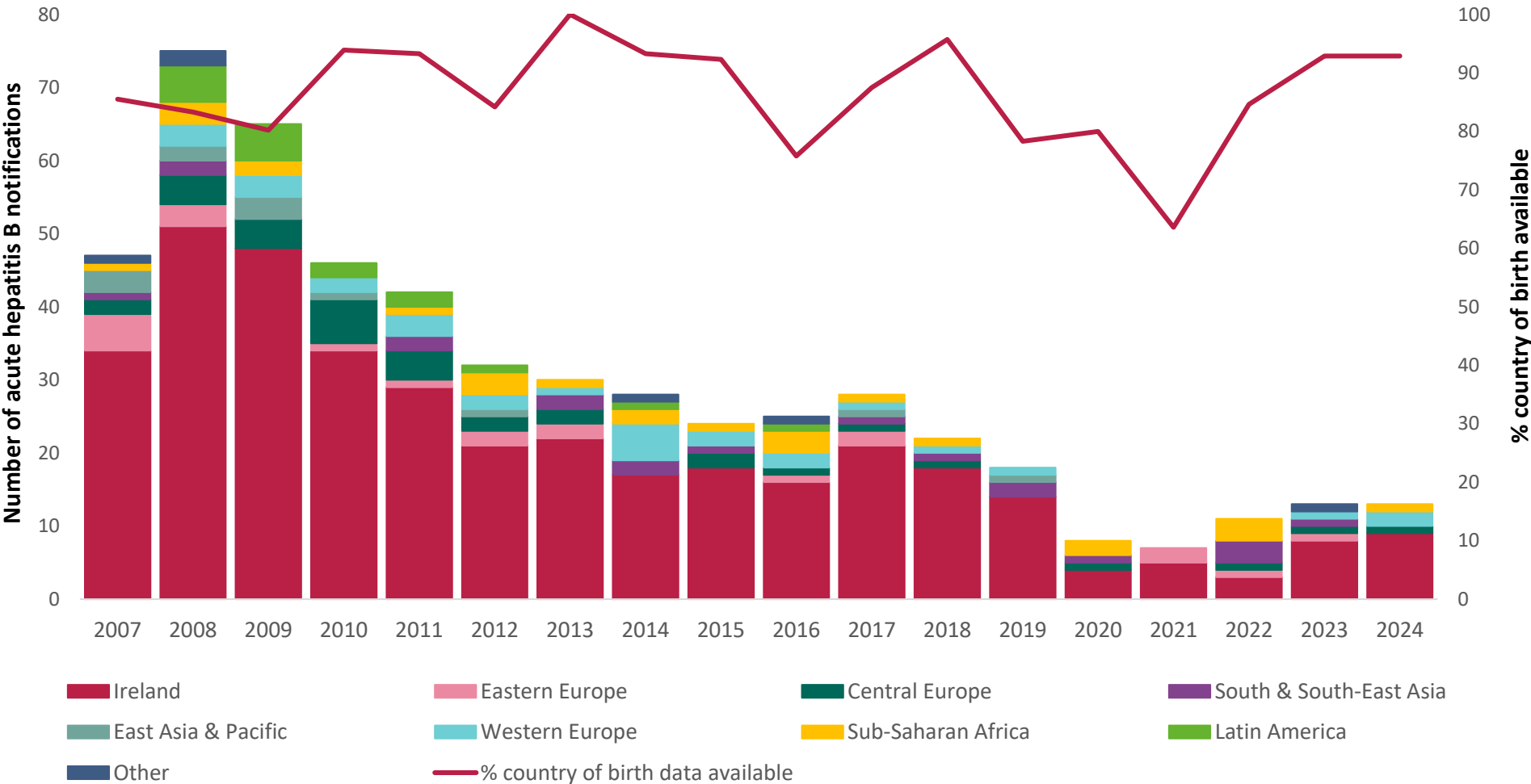
Where country of infection was reported:

- 76% of cases born in Ireland were also infected in Ireland, 14% were infected in South/South-East Asia, 6% in Western Europe and 4% in other regions
- 59% of cases born outside Ireland were infected in Ireland, 37% in their country of birth and 4% in other countries





Trends in country/region of birth for **acute** hepatitis B notifications in Ireland, 2007- 2024 (where data available 87%, n=534)



- 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 93% of acute cases in 2024, 69% were born in Ireland





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, 2007-2024

2007-2024



92% of hepatitis B cases notified 2007-2024 were chronically infected when notified (6% acute, 2% acute/chronic status not reported)

9,248 chronic cases were reported in this time-period



The notification rate for chronic cases has been relatively stable over the past decade, ranging from 10 to 11 per 100,000 annually, with the exception of the COVID-19 pandemic years (2020 and 2021)



58% of chronic cases were male

- The median age at notification gradually increased over time from 32 years in 2007 to 38 years in 2024
- Country of birth was reported for 54% of chronic cases between 2007 and 2024 and reported data may not be representative of all chronic cases
 - Where country of birth data was reported 7% of chronic cases notified between 2007 and 2024 were born in Ireland
 - The majority of chronic cases were born outside of Ireland, mostly in sub-Saharan Africa (26%), central Europe (23%), south/south-east Asia (14%), eastern Europe (13%) and east Asia (12%)
 - Country of infection is less frequently reported. Where reported, 99% of chronic cases who were born outside Ireland were also infected outside Ireland

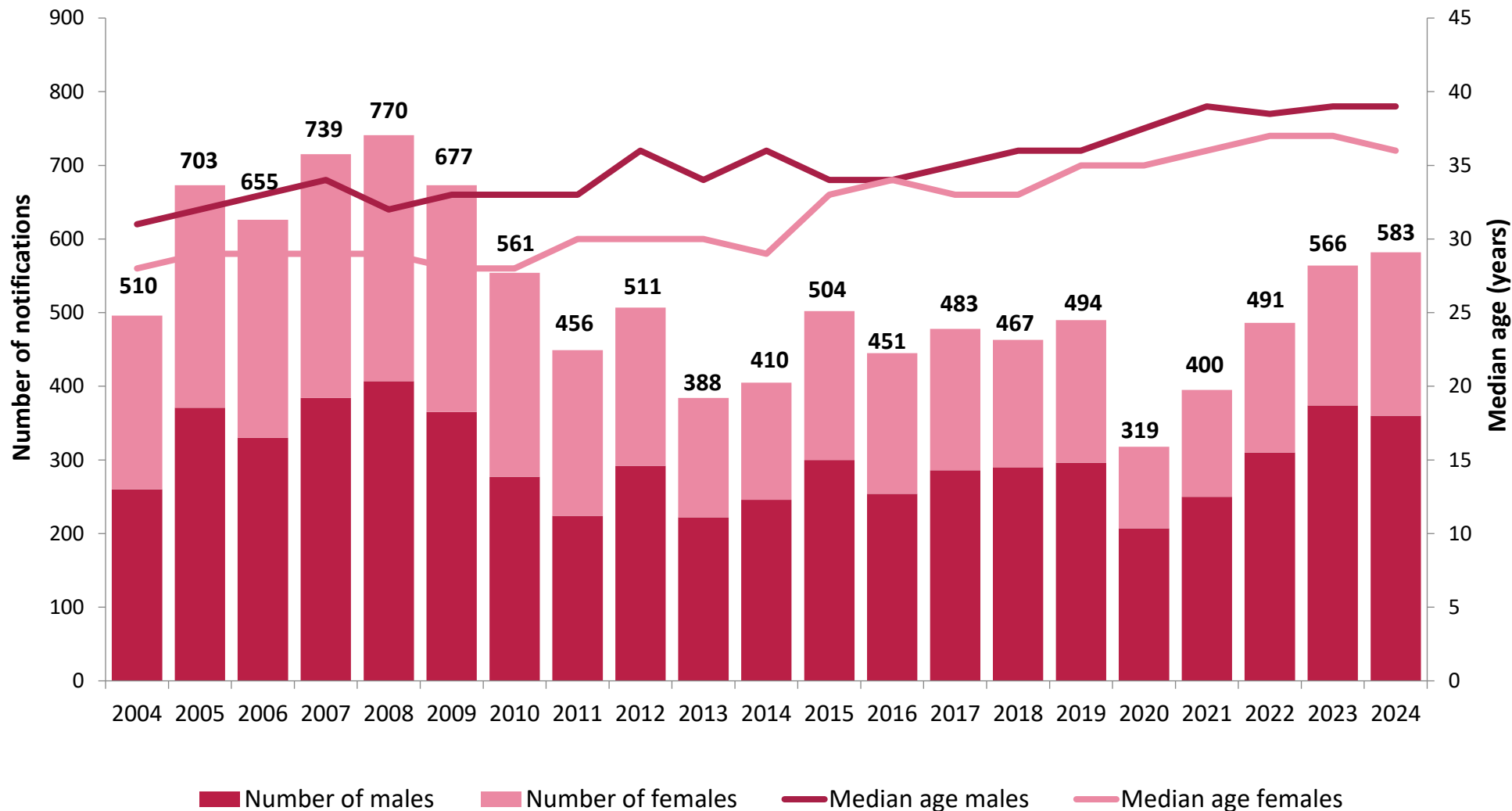


2024

- 583 chronic cases of hepatitis B were notified in 2024 (11.3 per 100,000 population), a slight increase compared to 2023 (n=566)
- 62% of chronic cases in 2024 were male, the median age for male cases was 39 years and the median age for females was 36 years
- Country of birth was reported for 67% of cases and where data were reported, 2% of chronic cases were born in Ireland & 88% were born in a hepatitis B endemic country
- The most common regions of birth were sub-Saharan Africa (37%), eastern Europe (19%), south/south-east Asia (17%), central Europe (13%) and east Asia (7%)



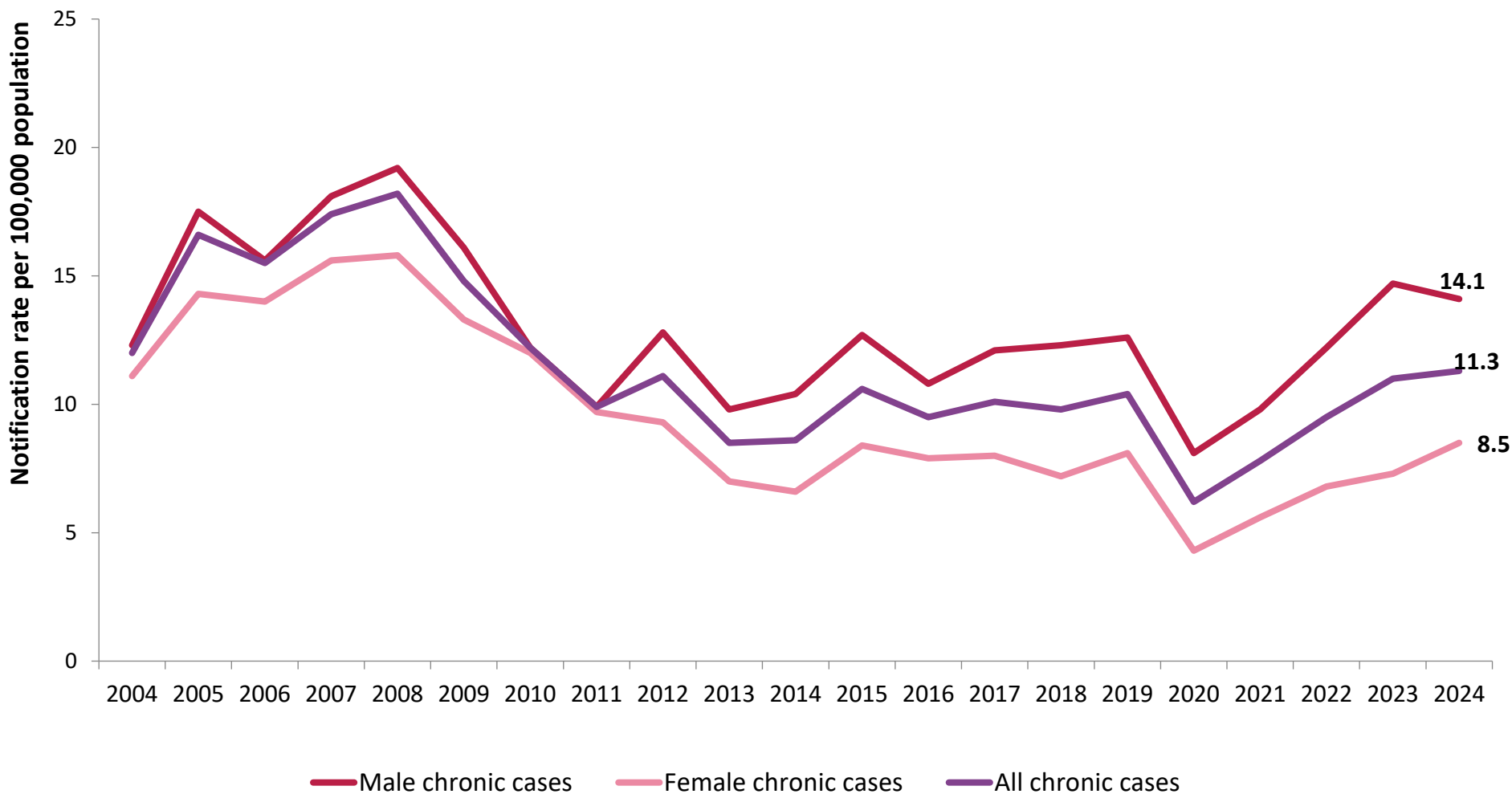
Trends in **chronic** hepatitis B notifications, by sex and median age, 2004 - 2024, in Ireland



- 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 by 18% between 2019 and 2024.



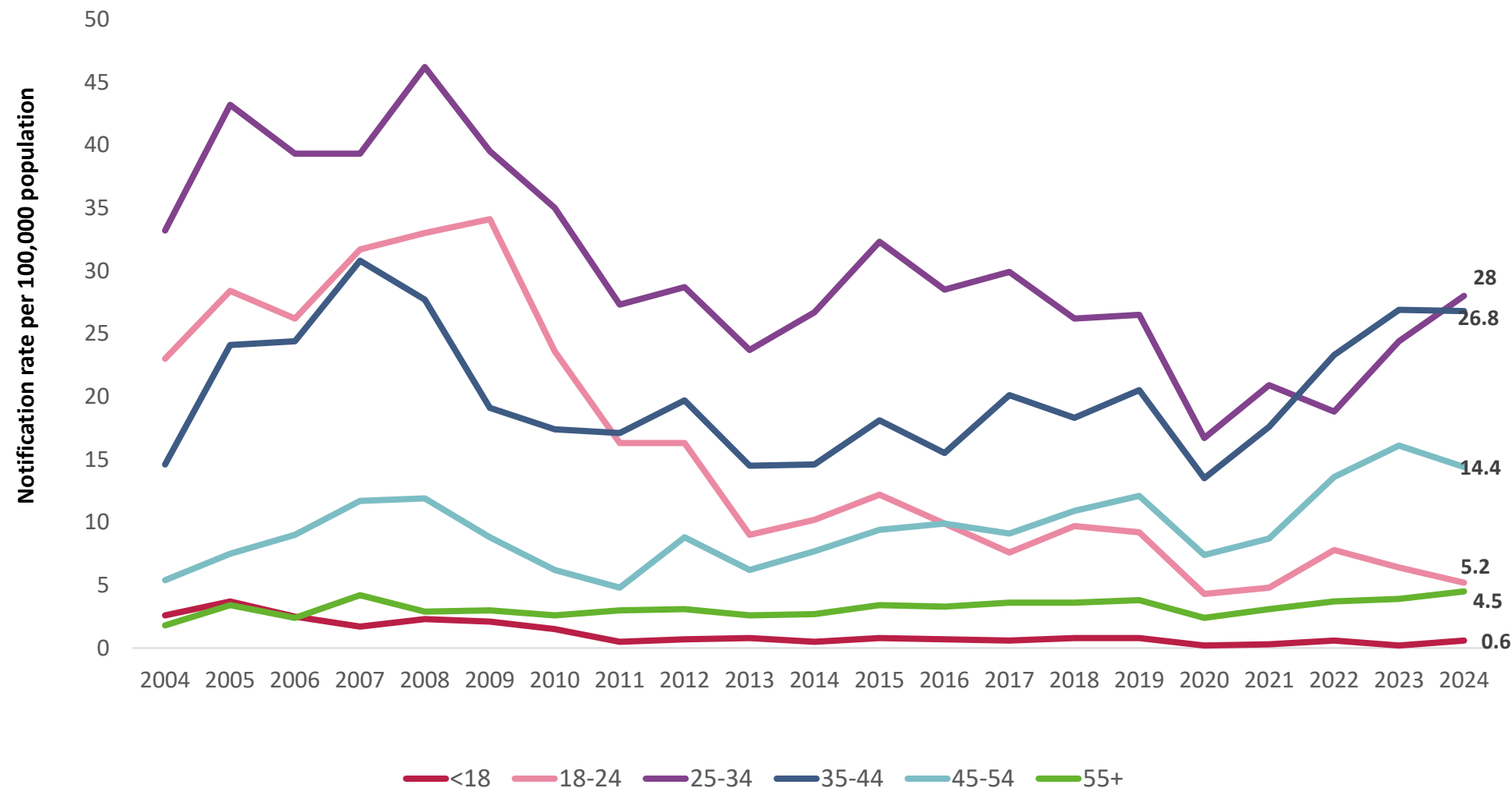
Trends in sex specific notification rates per 100,000 population for chronic hepatitis B in Ireland, 2004 – 2024



- The notification rate for chronic hepatitis B decreased during the COVID-19 pandemic in 2020 and 2021, but increased by 9% between 2019 and 2024
- Rates are typically higher in males
- The 2024 notification rate in males was 1.7 times higher than that in females, and males accounted for 62% of chronic cases

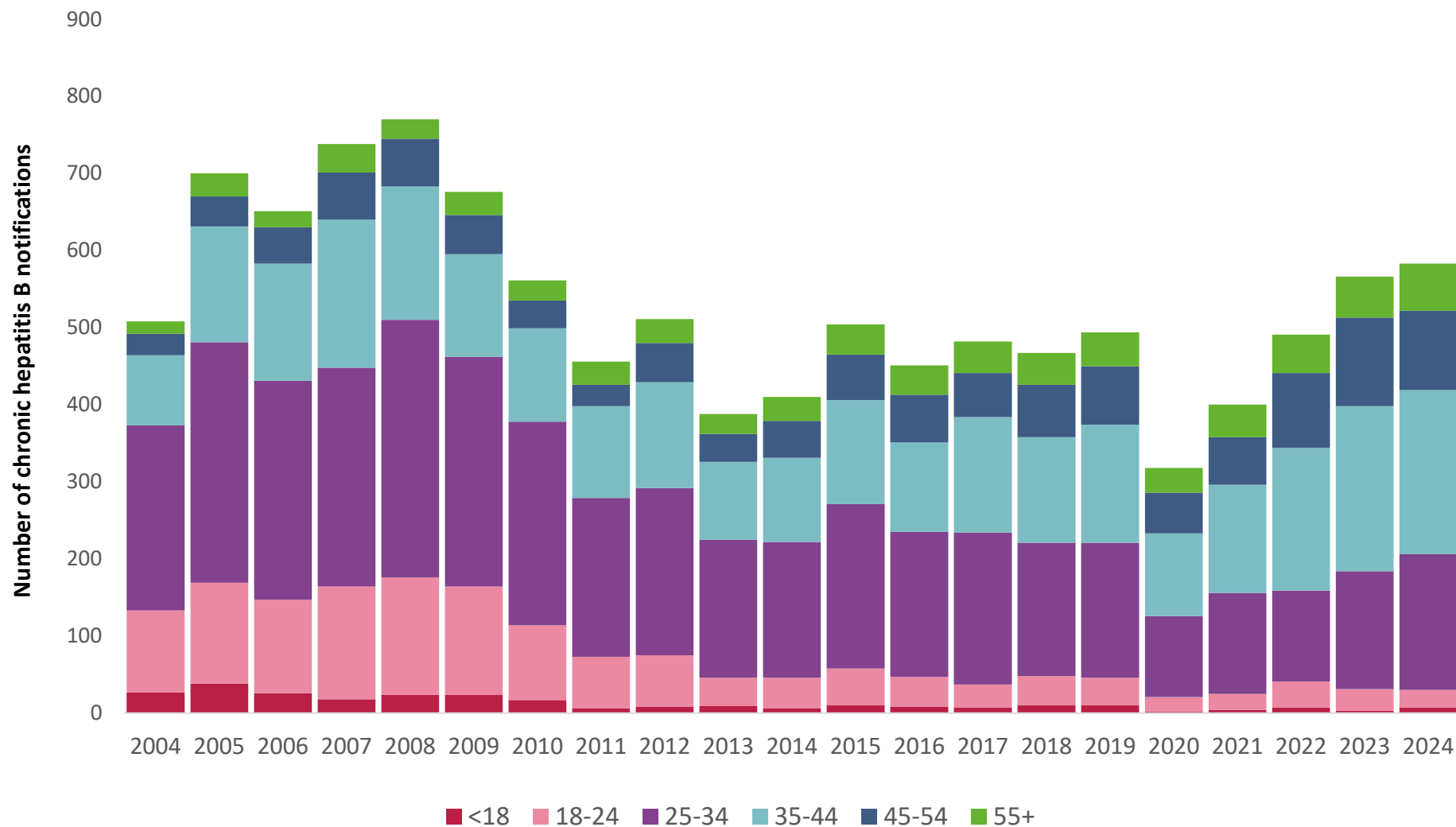


Trends in chronic hepatitis B notification rates per 100,000 population by age group 2004-2024



- Chronic hepatitis B notification rates have been highest in adults aged 25-44 years for over 10 years
- The increase in hepatitis B notification rates between 2019 and 2024 was primarily in adults aged between 35 and 54 years

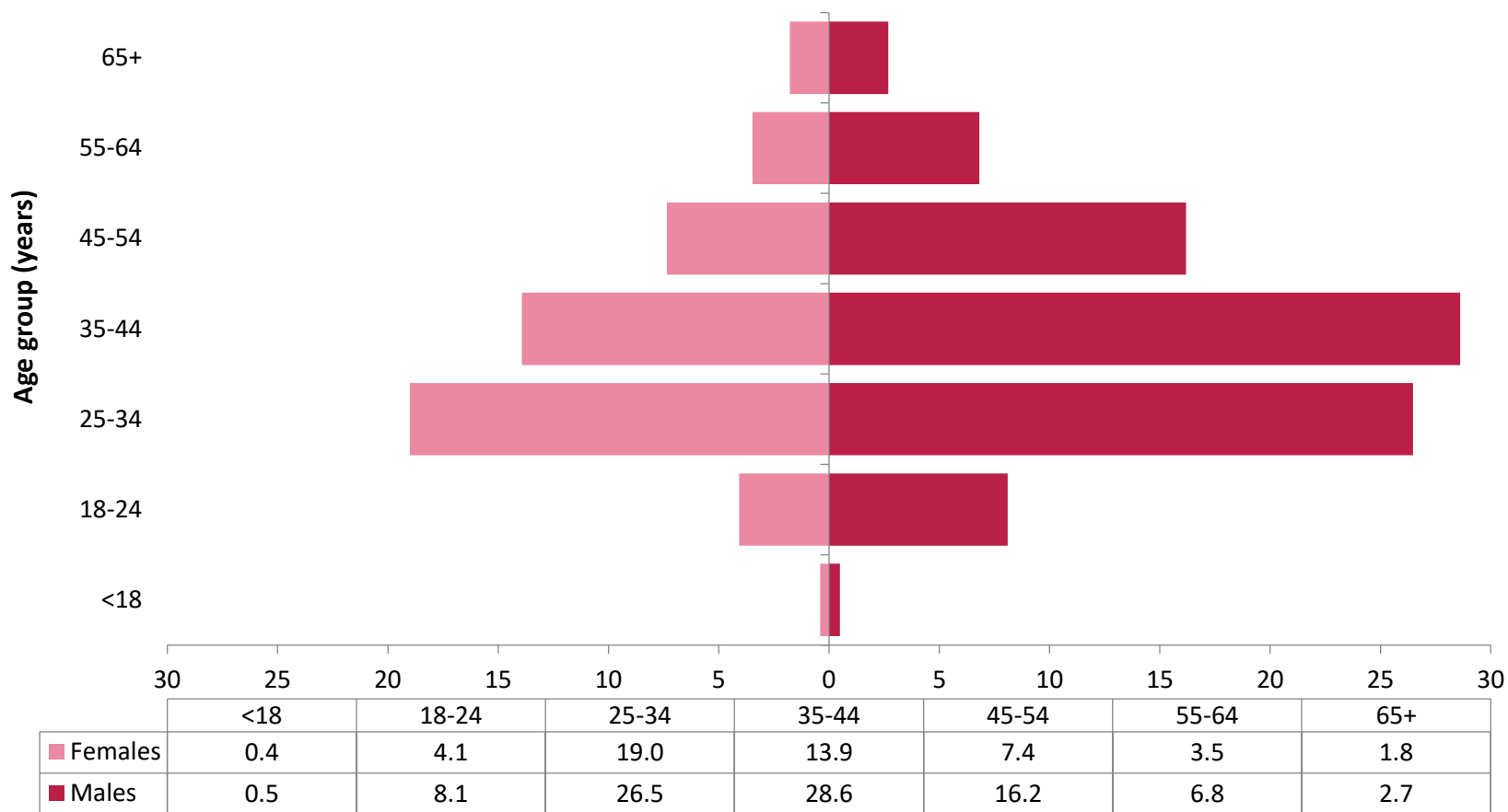
Trends in **chronic** hepatitis B notifications by age group 2004-2024



- Notifications of chronic hepatitis B in children are rare in Ireland and have declined since hepatitis B was added to the universal childhood vaccination schedule in October 2008
- The age distribution for chronic hepatitis B notifications was similar in 2023 and 2024



Mean annual **chronic** hepatitis B notification rates per 100,000 population, by age and sex, 2019-2024

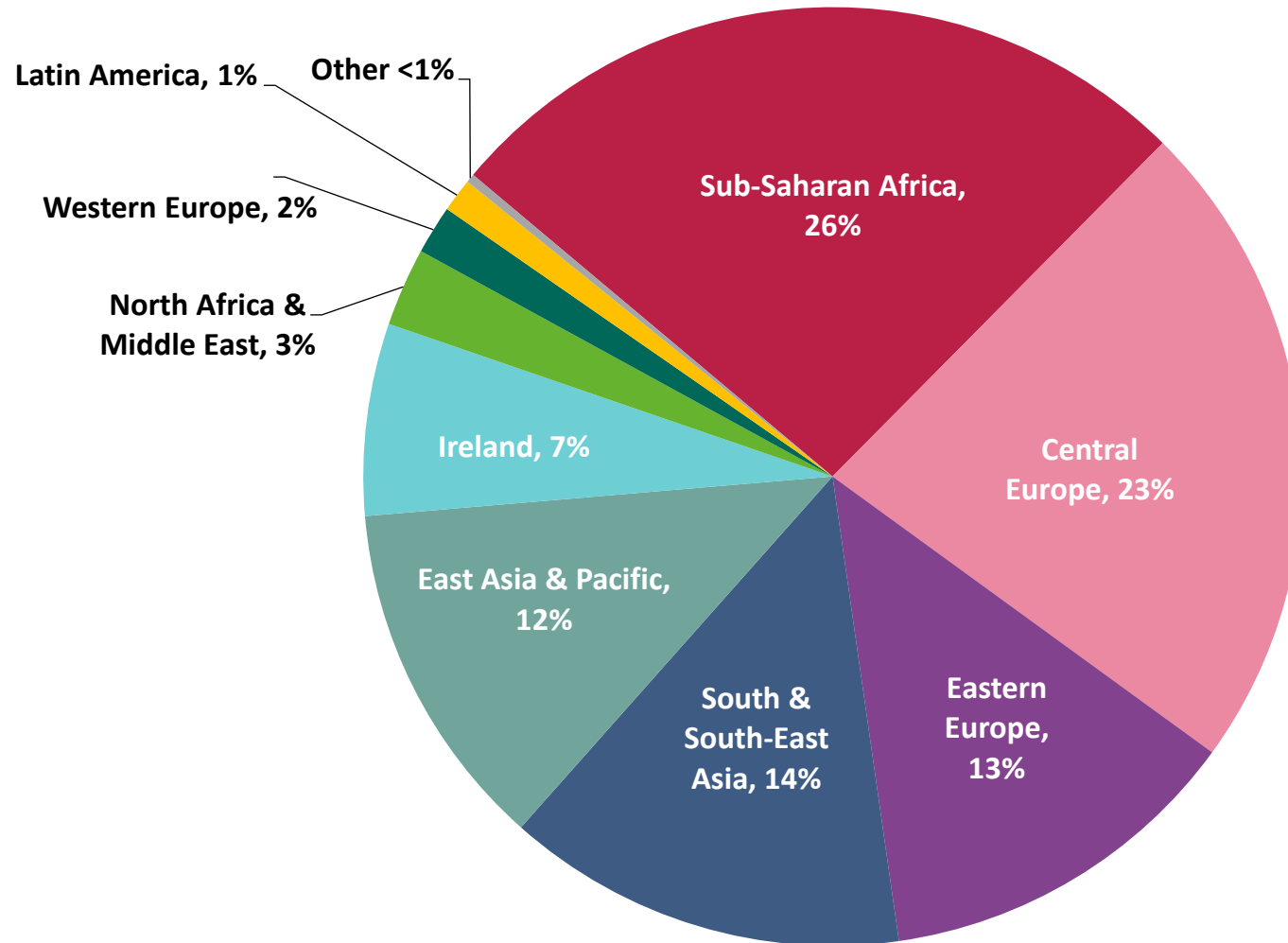


- 63% of chronic cases notified between 2019 and 2024 were male.
- 66% were aged between 25 and 44 years. The average annual notification rate in this age group was 28 per 100,000 population for males and 16 per 100,000 population for females
- Male chronic cases were slightly older than female cases on average - median age 38 years for males and 36 for females

Mean annual notification rate for chronic hepatitis B per 100,000 population, 2019-2024



Country/region of birth for **chronic** hepatitis B notifications in Ireland, 2007- 2024 (where data available - 54%, n=5,022)



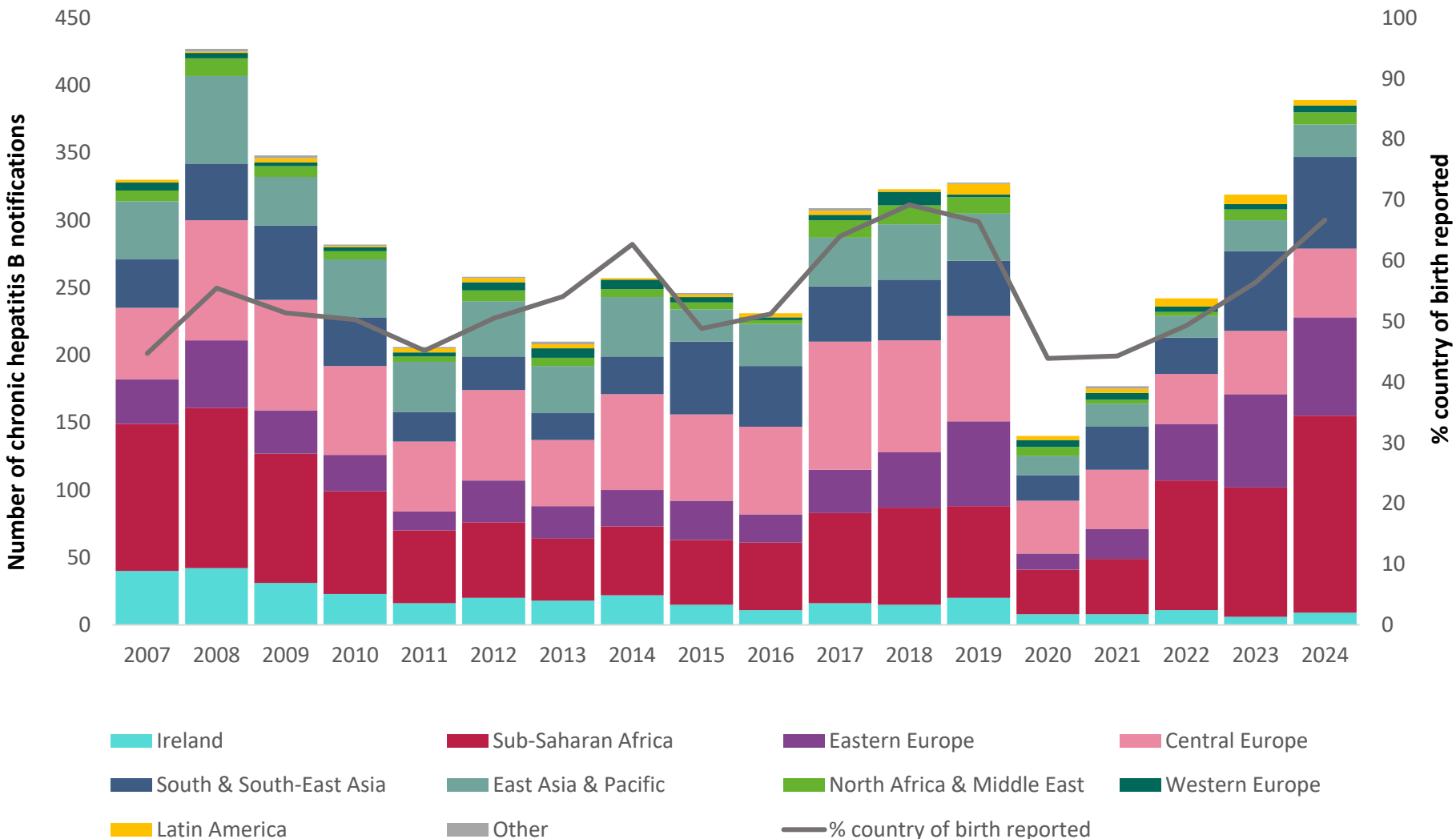
- Country of birth was reported for 54% of chronic hepatitis B cases notified between 2007 and 2024. This lack of data completeness should be taken into consideration when interpreting the available country/region of birth data
- Hepatitis B is endemic in most countries in Africa and Asia and in many central and eastern European countries. Where country of birth was reported, 90% of chronic cases were from these regions & 88% were from an endemic country
- In highly endemic areas, hepatitis B is most commonly spread from mother to child at birth. The likelihood of developing chronic infection is high in infected infants.
- 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](#)



Trends in country/region of birth for **chronic** hepatitis B notifications in Ireland, 2007- 2024 (where data available - 54%, n=5,022)



- Country of birth was reported for 67% of chronic cases of hepatitis B notified in 2024
- Where data were reported, 2% of chronic cases were born in Ireland, 38% in Sub-Saharan Africa, 19% in Eastern Europe, 13% in Central Europe, 17% in South/South-East Asia, 6% in East Asia & Pacific and 5% in other regions
- The proportion of chronic cases reported to have been born in Ireland has declined over time



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

General population, including risk groups

- [Residual sera, 2003](#) estimated HBsAg prevalence (current infection) in general population: 0.1%
- [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: 0.3-0.5%
- [St. James's Hospital emergency department viral screening](#) mid-2022 to mid-2023: HBsAg prevalence: 0.4%

Antenatal testing females

- Rotunda Hospital [annual report](#), 2023: HBsAg prevalence in 2023 was 0.4%
- Coombe Hospital [annual report](#), 2023: annual HBsAg prevalence between 2017 and 2023 was 0.1-0.3%
- National Maternity Hospital (NMH) Holles St. personal communication: HBsAg prevalence in 2023 was 0.04%

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)

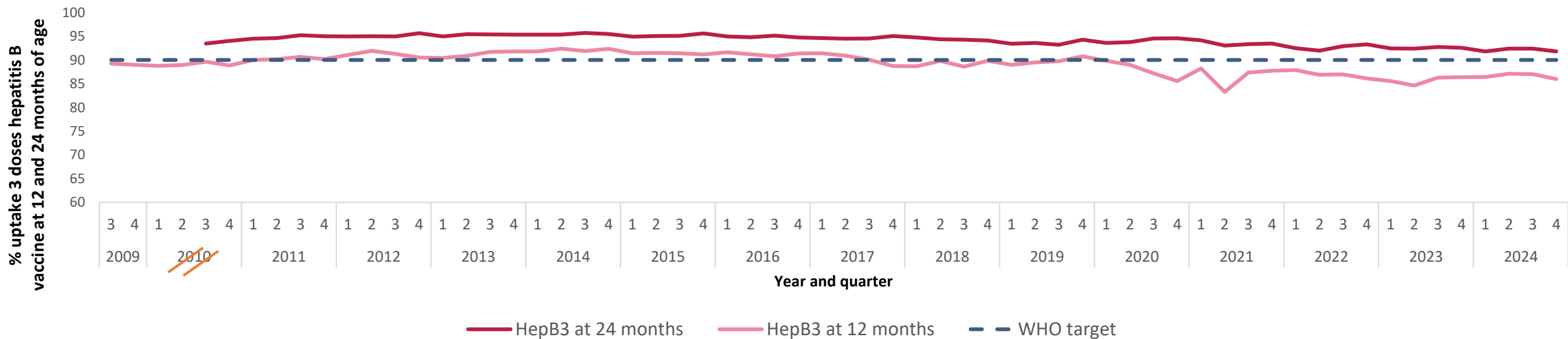
- Studies of PWUD (mostly heroin users) in Ireland, 1992-2002: HBsAg prevalence ranged from 1-5%
- [Prison study](#), 2011: 0.3% of people in prison who were screened were HBsAg positive

People seeking international protection living in state-provided accommodation (screened by National Reception Centre (NRC) Baleskin, Safetynet Mobile Health and Screening Unit (MHSU) and the International protection screening and support team in Cork)

- Over 3,000 people seeking international protection were screened in 2024, 2.7% tested HBsAg positive

Hepatitis B vaccine and immunisation uptake (3 dose) at 12 and 24 months of age in Ireland, Q3 2009 – Q4 2024

- 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 Q4 2024 was 94%, **exceeding the WHO target**
- Uptake figures declined slightly between 2022 and 2024, with an average quarterly uptake of 92%



- 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](#)



Progress towards hepatitis B elimination – WHO indicators¹

WHO targets	2030 WHO target	Ireland
Percentage of HBV cases diagnosed	90%	St James's Hospital emergency department screening data mid-2020 to mid 2023: 84% of HBsAg positive cases were previously known cases. Estimated chronic HBV prevalence in combination with HBV notifications indicates that the percentage of cases that are diagnosed nationally is likely to be lower than this (approximately two thirds*)
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. Two studies comparing different guidelines estimated that between 18 and 28% of chronic hepatitis B cases were clinically eligible for treatment internationally, using the EASL 2017 Guidelines ^{2,3} . These are the guidelines that were used by clinicians in Ireland in 2024. PCRS data indicate that 1,629 patients were on treatment in Ireland in 2024. This equates to 46-72% of eligible patients. EASL guidelines were updated in 2025 and the eligibility criteria for treatment have been expanded.
Incidence of chronic hepatitis B	2 per 100,000 population	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. Available data indicate very low transmission of hepatitis B in Ireland. Target is likely to have been met.
Childhood hepatitis B vaccination coverage	90%	Hepatitis B was added to the childhood immunisation schedule in October 2008. Average quarterly uptake at 24 months has been 94%. Uptake was lower in 2024 (92%) but still exceeded 90% target.
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 most recently reported vertical transmission in a child born in Ireland was for a child born in 2013. The average annual number of notifications in children under 5 years for the past 10 years was 1.5
Blood safety and haemovigilance	100%	100% of blood units are tested using nucleic acid amplification testing (highly sensitive) in Ireland

1. [WHO interim guidance for country validation of viral hepatitis elimination, 2021](#)
2. [Tan et al. Estimating proportion of people with HBV eligible for treatment - WHO 2015 Guidelines](#)
3. [Wang et al. WHO 2024 hepatitis B guidelines and treatment eligibility rate](#)

*Estimated prevalence of chronic infection is 19,000 (14,000-24,000). Notifications: chronic + 10% acute + unknown status cases = 14,000, minus 10% to account for mortality and outward migration = 12,600. Estimated % cases diagnosed is 66% (53-90%)



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)

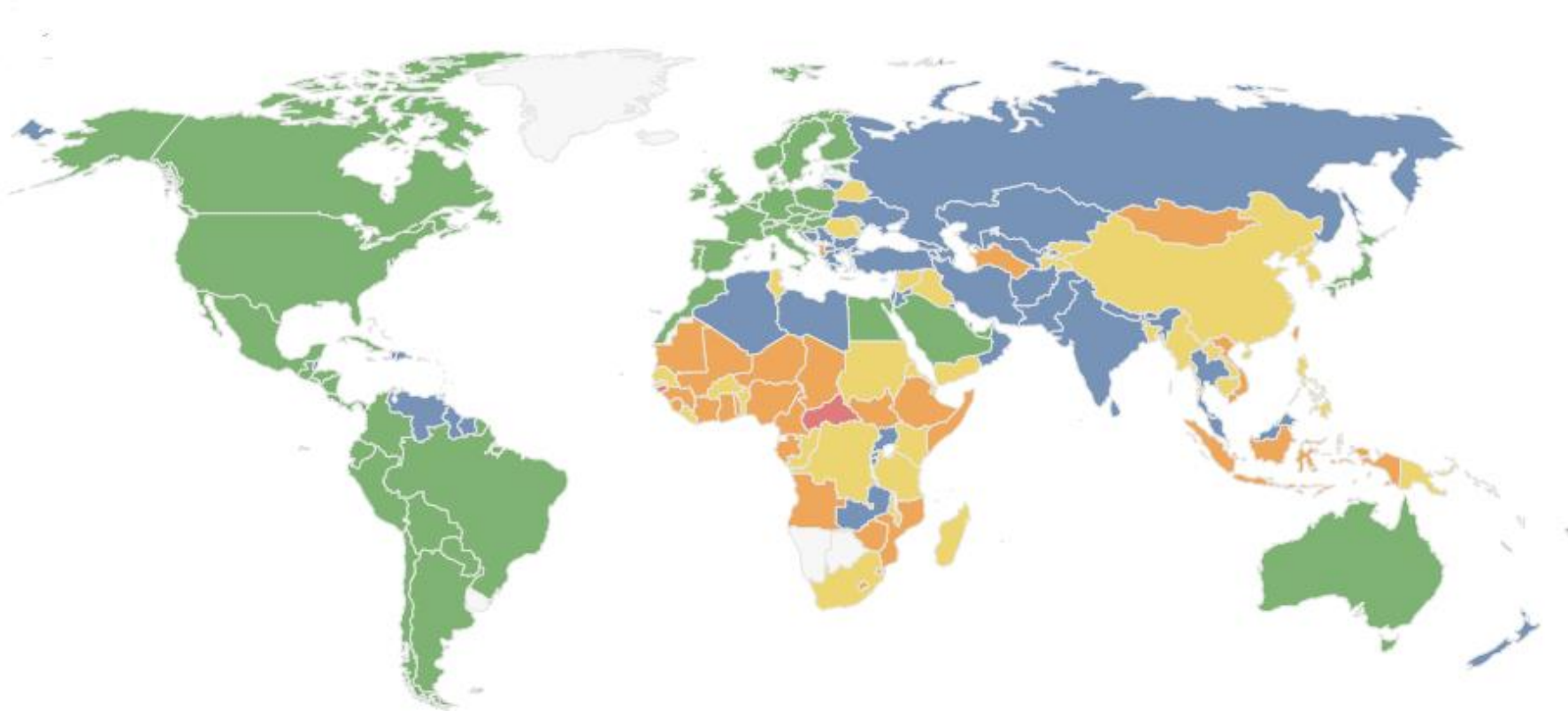
- **Acute cases** (new infection, within past 6 months): <10% children and 30-50% adults develop symptoms when first infected
- Symptoms include; jaundice, dark urine, pale stool, nausea, vomiting, abdominal discomfort, joint pain, fever, anorexia and fatigue
- Severe acute hepatitis can lead to liver 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 over 250 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) [EASL 2017 clinical practice guidelines for hepatitis B](#), [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



Worldwide prevalence of hepatitis B



HBsAg Prevalence — 2024



● >10.0% ● ≤10.0% ● ≤5.0% ● ≤2.5% ● ≤1.0%

From the Polaris Observatory (<https://cdafound.org/polaris/>) © Natural Earth

Source: <https://cdafound.org/polaris-countries-distribution/>



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)

- Provides **free** supports for preventing sexually transmitted infections (STIs) [including condoms](#) and [vaccinations](#)
- 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](https://www2.hse.ie/services/order-a-hepatitis-c-test/)

HSE Social inclusion

Addiction services

- Information on where to access [addiction support](#), including free testing for hepatitis B, hepatitis C and HIV and vaccination against hepatitis A and B
- 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

Migrant health

- [Safetynet Primary Care](#) provides medical services, including infectious disease testing, to those without access to healthcare, including homeless people, people who use drugs (PWUD) and migrants
- Opt-in bloodborne virus and tuberculosis screening is available for people seeking international protection who are living in state-provided congregate accommodation via the [MHSU](#), NRC Baleskin and the International protection screening and support team in Cork
- Irish Health System: [A guide for migrants](#), [Medical services and entitlements for International Protection Applicants](#)

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 4th June 2025. Data are provisional and subject to ongoing review, validation and update. 2024 data completeness will improve on validation and 2024 data 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 2020-2024.
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.
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