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**Trends in the prevention, diagnosis
and treatment of hepatitis B and
hepatitis C in Wales:
Annual surveillance report 2026
(Data to end of 2025)**

About Public Health Wales

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

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Contents

Purpose.....	9
Data Sources	9
Glossary of key abbreviations	9
1. Executive summary.....	10
Key findings and trends.....	10
Hepatitis B (HBV)	10
Hepatitis C virus (HCV).....	10
Viral hepatitis related mortality.....	11
WHO elimination indicators.....	11
2. Introduction.....	12
2.1 Hepatitis B	12
2.2 Hepatitis C	12
2.3 Control of viral hepatitis: towards elimination	13
3. Prevention programmes.....	14
3.1 Hepatitis B vaccinations.....	14
Childhood HBV immunisation.....	14
Immunisation of babies born to hepatitis B infected mothers.....	14
Immunisation of people in prison	14
3.2 The Welsh blood service screening programme	15
3.3 Needle and syringe programmes (NSPs)	15
Testing and Diagnosis	16
4.1 Overview	16
4.2 Hepatitis B (HBV).....	17
Testing	17
Demographic profile	18
HBsAg testing and positivity rate by age and sex.....	18
HBsAg testing and positivity rate by health board of residence.....	20
4.3 Hepatitis B diagnosis	22
Acute Hepatitis B.....	22
Chronic Hepatitis B.....	22
Hepatitis B cases by age and sex	23
Hepatitis B cases by Health Board of residence.....	24
Hepatitis C (HCV)	26
Testing	26
Demographic profile	26
Anti-HCV testing and reactivity rates by age group and sex	26
Anti-HCV testing and reactivity rates by health board of residence	28
Confirmatory testing following anti-HCV reactive test result.....	30
Hepatitis C diagnosis.....	31
Demographic profile	33

New HCV cases by age and sex	33
New HCV cases by health board of residence	35
Test and Post service	37
Demographic profile	37
TAP by age and gender	37
Age and sex profile of those with HBsAg positive / anti-HCV reactive result	39
Testing and positivity by health board of residence	41
Sexual health clinical services	44
Testing and positivity / reactivity rates by age and sex	44
Testing and positivity / reactivity rates by Health Board of residence	47
Prisons	48
Testing for hepatitis B and hepatitis C by prison in Wales	48
Diagnosis - Hepatitis B (HBsAg)	49
Diagnosis - Hepatitis C	49
Substance misuse and allied services	51
Testing in substance misuse and allied services	51
BBV testing coverage within Substance Misuse Treatment Services (KPI6)	51
Diagnosis in substance misuse and allied services	53
HBsAg	53
HCV testing, anti-HCV reactivity and HCV-RNA positivity	53
HCV Testing and diagnosis by age group and sex	54
HCV testing and diagnosis by health board of residence	57
Treatment	60
Hepatitis B (HBV)	60
Hepatitis C (HCV)	60
Wales – all HCV-RNA positive cases	60
HCV Diagnosis, referral and treatment initiation by age group and sex	61
HCV Diagnosis, referral and treatment initiation by Health Board of residence	61
HCV care cascade	62
HCV treatment initiation amongst those engaged with substance misuse services ...	63
Mortality	66
6.1 HBV-related Mortality	66
6.2 HCV-related Mortality	66
Appendices	68

Tables

Table 1: Total number of tests, individuals screened and positivity (%) for hepatitis B (HBsAg) and reactivity hepatitis C (anti-HCV) by year 2015-2025, Wales:	16
Table 2: Number of individuals, with no prior history of HBsAg testing, testing rate per 100,000 population, number of individuals HBsAg positive and positivity rate by year, 2015 to 2025, Wales 17	
Table 3: Number of individuals, with no prior history of HBV infection, tested for hepatitis B (HBsAg), testing rate per 100,000 population, number of individuals HBsAg positive and positivity rate by year 2015 to 2025, Wales	18

Table 4: Number of individuals, with no prior history of HBV infection, tested for hepatitis B (HBsAg), testing rate per 100,000 population, number HBsAg positive and positivity rate, by age group and sex, 2025, Wales	19
Table 5: Number of individuals, with no prior history of infection, tested for hepatitis B (HBsAg), testing rate per 100,000 population, number HBsAg positive and positivity rate, by health board of residence, 2025, Wales	21
Table 6: Summary of newly identified hepatitis B infections in Wales, by year of first indication of infection 2015-2025, Wales	23
Table 7: Summary of newly identified chronic hepatitis B cases, by age group and sex, 2025, Wales	24
Table 8: Summary of newly identified hepatitis B cases in 2025, by health board of residence, Wales	25
Table 9: Number of individuals, without prior history of infection, tested for anti-HCV, number and proportion (%) reactive and the number of individuals with first anti-HCV test, number and proportion (%) reactive by year 2015-2025, Wales.....	26
Table 10: Number of individuals, with no prior history of infection, tested for anti-HCV, rate per 100,000 population, individuals reactive and reactivity rate, by age group and sex, 2025, Wales	27
Table 11: Number of individuals, with no prior history of infection, tested for anti-HCV, rate per 100,000 population, individuals reactive and reactivity rate, by health board of residence, 2025	29
Table 12: Number of individuals with first anti-HCV reactive, number and proportion with no HCV PCR confirmatory test, by year 2015-2025, Wales.....	31
Table 13: Proportion (%) of anti-HCV reactive individuals with no HCV PCR confirmatory test by health board of residence and year, 2015-2025, Wales (darker blue indicates higher rates).....	31
Table 14: Number of anti-HCV reactive individuals, number of individuals receiving confirmatory HCV-RNA (PCR) test following anti-HCV reactive result and number and proportion (%) of individuals HCV PCR positive by year, 2015 – 2025, Wales.....	32
Table 15: Number of HCV-RNA confirmatory tests (PCR), number of individuals tested, individuals positive, positivity rate and rate per 100,000 population by year, 2015-2025, Wales.....	32
Table 16: Number of HCV-RNA (PCR) confirmatory tests, number of individuals tested, individuals HCV PCR positive, individuals first time HCV PCR positive and positivity rate, by age group and sex, 2025, Wales.....	33
Table 17: Number of HCV-RNA (PCR) confirmatory tests, individuals HCV PCR tested, individuals HCV PCR positive, individuals with first positive and positivity rate (%), by health board of residence, 2025, Wales	35
Table 18: Number of individuals tested for HBsAg and anti-HCV using the TAP service, and positivity/reactivity rates, by year, 2021-2025, Wales	37
Table 19: Number of individuals tested for HBsAg and anti-HCV using the TAP service, and positivity/reactivity rates, by age group and gender, 2025, Wales	38
Table 20: Number of individuals tested for HBsAg and anti-HCV using the TAP service, and positivity/reactivity rates, by health board of residence, 2025	41
Table 21: Number of individuals tested at sexual health clinics for HBsAg and anti-HCV, positivity/reactivity rates, by year, 2015-2025, Wales.	44
Table 22: Number of individuals tested in sexual health clinics for HBsAg and anti-HCV, and positivity/reactivity rates, by age and sex, in year 2025.....	45
Table 23: Median age and age range of individuals tested for BBVs, by prison, 2025.	48
Table 24: Number of individuals tested for hepatitis B (HBsAg) and hepatitis C (anti-HCV and HCV PCR) by prison, type of test, and year, Wales.....	49
Table 25: Number of Individuals tested within Welsh prisons and reactivity/positivity rate (%) for anti-HCV and HCV-RNA, by test, prison, and year.....	50
Table 26: Hepatitis C testing coverage of individuals engaged with substance misuse treatment services by Local Authority and Substance Misuse Area Planning Board 2025-26.....	52
Table 27: HCV testing outcomes of substance misuse and allied service clients by year.....	53

Table 28: HCV testing outcomes of current and recent ex-PWID (injected in last 12 months) injecting psychoactive drugs, by year	54
Table 29: Number of substance misuse and allied service clients tested for anti-HCV, number tested for HCV-RNA, and reactivity/positivity rates, by age group and sex, in year 2025	54
Table 30: HCV testing outcomes of current and recent ex-PWID (injected in last 12 months) injecting psychoactive drugs, by age group and sex, in year 2025.....	55
Table 31: Proportion of individuals receiving HCV testing with substance misuse and allied services, proportion anti-HCV reactive by demographics and risk factors, 2025.....	56
Table 32: Number of substance misuse and allied service clients tested for anti-HCV, number tested for HCV-RNA, and reactivity/positivity rates, by health board of residence, 2025, Wales	58
Table 33: HCV testing outcomes of current and recent ex-PWID (injected psychoactive substances in last 12 months), by health board of residence, 2025, Wales.....	58
Table 34: Number of individuals HCV-RNA positive, referred into treatment, and commencing HCV treatment by year 2015-2025, Wales	60
Table 35: Number of HCV-RNA positive individuals, and number of individuals commencing HCV treatment, by age group and sex, 2025, Wales	61
Table 36: Number of individuals commencing HCV treatment, by age group, sex, and year 2015-2025, Wales.....	61
Table 37: Number of individuals HCV-RNA positive, and number of individuals commencing HCV treatment, by health board of residence, 2025, Wales	62
Table 38: Number of individuals commencing HCV treatment, by health board of residence and year, 2015-2025, Wales.....	62
Table 39: Number of substance misuse and allied services clients testing positive for HCV-RNA, and number and proportion commencing HCV treatment, by year 2017-2025, Wales	64
Table 40: Number of substance misuse and allied services clients testing positive for HCV-RNA, and number and proportion commencing HCV treatment, by age group and sex, in year 2025.....	64
Table 41: Number of substance misuse and allied services clients testing positive for HCV-RNA, and number and proportion commencing HCV treatment, by health board, 2025, Wales	65
Table 42: Number of deaths related to HCV, by year of registration of death	66

Figures

Figure 1: Testing rate per 100,000 population for hepatitis B surface antigen (HBsAg), by sex, age group and year of test 2015-2025, Wales	19
Figure 2: Positivity rate of hepatitis B (HBsAg) by sex, age group and year of test 2015-2025, Wales	20
Figure 3: Testing rate for hepatitis B surface antigen (HBsAg) per 100,000 population by health board of residence and year of test, 2015-2024, Wales (Bold line represents each Health Board-level rate, dotted line represents Wales average rate per 100,000 population).....	21
Figure 4: Positivity rate (%) of hepatitis B (HBsAg), by health board of residence and year of test, 2015-2024, Wales (Bold line represents Health Board-level rate, dotted line represents Wales-level positivity rate)	22
Figure 5: Rate per 100,000 population of new chronic HBV diagnoses by sex, age group and year of test, 2015-2025, Wales.....	24
Figure 6 : Rate of new chronic HBV diagnoses, by health board of residence and year of test, 2015-2024, Wales (Bold line represents each Health Board-level rate, dotted line represents Wales average rate per 100,000 population)	25
Figure 7: Anti-HCV testing rate per 100,000 population among individuals with no prior history of infection, by age group, sex and year of testing, 2015-2025, Wales.....	28
Figure 8: Anti-HCV reactivity rate among those with no prior history of infection, by age group, sex and year of testing, 2015-2025, Wales.....	28

Figure 9: Anti-HCV testing rate per 100,000 population among individuals with no prior history of infection by health board of residence and year of testing, 2015-2025, Wales (Bold line represents Health Board, dotted line represents Wales average)	29
Figure 10: Anti-HCV reactivity rate among those with no prior history of infection, by health board and year of testing, 2015-2025, Wales (Bold line represents Health Board, dotted line represents Wales average).....	30
Figure 11: Newly diagnosed HCV-RNA case rate per 100,000 population, by age group, sex and year, 2015-2025, Wales	34
Figure 12: Positivity rate among individuals tested for HCV-RNA, by age group, sex and year, 2015-2025, Wales.....	34
Figure 13: Newly diagnosed HCV-RNA cases rate per 100,000 population by health board and year, 2015-2025, Wales (Bold line indicates Health Board, dotted line indicates Wales average)	35
Figure 14: Positivity rate of individuals tested for HCV-RNA, by health board of residence and year, 2015-2025 (Bold line indicates Health Board, dotted line indicates Wales average)	36
Figure 15: HBsAg testing rate per 100,000 population for the TAP service, by age group, gender, and year 2021-2025, Wales.....	38
Figure 16: anti-HCV testing rate per 100,000 population for the TAP service by age group, gender, and year, 2021-2025, Wales	39
Figure 17: HBsAg positivity rate (%) of individuals tested using the TAP service, by age group, sex, and year 2021-2025, Wales.....	40
Figure 18: Anti-HCV reactivity rate of individuals tested using the TAP service, by age group, gender, and year, 2021-2025, Wales	40
Figure 19: HBsAg testing rate per 100,000 population of individuals using the TAP service, by health board of residence, and year, 2021-2025, Wales (Bold line represents the Health Board and dotted line represents the Wales average)	41
Figure 20: HBsAg positivity rate of individuals tested using the TAP service, by health board and year, 2021-2025, Wales (Bold line represents the Health Board and dotted line represents the Wales average).....	42
Figure 21: Anti-HCV testing rate per 100,000 population of individuals tested using the TAP service, by health board of residence, and year, 2021-2025, Wales (Bold line represents the Health Board and dotted line represents the Wales average)	42
Figure 22: Anti-HCV reactivity of individuals tested using the TAP service, by health board of residence and year, 2021-2025, Wales (Bold line represents the Health Board and dotted line represents the Wales average)	43
Figure 23: HBsAg and anti-HCV testing rate per 100,000 population in sexual health clinics, by age group, sex, and year, 2015-2025, Wales.	45
Figure 24: HBsAg positivity of individuals tested in sexual health clinics, by age group, sex, and year, 2015-2025	46
Figure 25: Anti-HCV reactivity of individuals tested in sexual health clinics, by age group, sex, and year, 2015-2025, Wales.....	46
Figure 26: Anti-HCV reactivity rate of substance misuse and allied service clients tested, with no prior history of infection, by age group, sex, and year of testing, 2017-2025, Wales	57
Figure 27: HCV-RNA positivity rate of substance misuse and allied service clients tested, with no prior history of infection, by age group ^a , sex, and year of testing, 2017-2025, Wales	57
Figure 28: Anti-HCV reactivity rate of substance misuse and allied service clients tested, with no prior history of infection, by health board of residence and year of test, 2017-2025, Wales (Bold line indicates Health Board, dotted line indicates Wales average)	59
Figure 29: HCV-RNA positivity rate of substance misuse and allied service clients tested with no prior history of infection, by health board and year of test, 2017-2025 (Bold line indicates Health Board, dotted line indicates Wales average).....	59
Figure 30: HCV care cascade for individuals diagnosed with HCV between 2022 and 2025, combined	63

Figure 31: HCV related mortality rate per 100,000 population, by year of registration, 2015 to 2025, Wales	67
Figure 32: Proportion of deaths in HCV cases in Wales accounted for by Hepatocellular carcinoma (HCC) by year of registration of death, 2015 to 2025, Wales.....	67

Purpose

This report provides latest information on the epidemiology, prevention and control of hepatitis B and hepatitis C in Wales using data up to the end of 2025. The report is aimed at a wide audience, including policy makers, health service clinicians and planners, commissioners, criminal justice, third sector agencies and academia.

Data Sources

The data used in this report are from several sources, including:

- NHS Wales Laboratory Information Management system (LIMS)
- Harm Reduction Database (HRD)
- Sexual Health in Wales Surveillance Scheme (SWS)
- NHS Wales / Public Health Wales Test and Post services
- Welsh Clinical Portal hepatitis C treatment e-form
- Health Board clinical team treatment data
- ONS mid-year population estimates 2024

A full description of all data sources can be found at the end of this report in Appendix A. Some changes to data sources and classifications have been made when producing this report. An overview of changes can be found in Appendix B.

Glossary of key abbreviations

Anti-HBc	Hepatitis B Core Antibody
Anti-HCV	Hepatitis C Virus Antibody
BBV	Blood Borne Virus
HBV	Hepatitis B Virus
HBsAg	Hepatitis B Virus Surface Antigen
HCV	Hepatitis C Virus
HRD	Harm Reduction Database Wales
LIMS	Laboratory Information Management System
NSP	Needle and Syringe Programme
PCR	Polymerase Chain Reaction
PWID	People who Inject Drugs
RNA	Ribonucleic Acid
SWS	Sexual Health in Wales Surveillance Scheme
TAP	Test and Post Scheme
WHO	World Health Organisation
WNDSM	Welsh National Database for Substance Misuse

1. Executive summary

Key findings and trends

Hepatitis B (HBV)

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

- Acute infections are rare in Wales, with 53 cases recorded in the last 5 years. This includes 17 cases in 2025, of which the majority (78%) were males, and 60% were aged 55 years or over
- Since 2015, a total of 2,787 individuals have been diagnosed with chronic hepatitis B virus (HBV) infection in Wales. Chronic cases were predominantly male (55%), and those aged 25–44 years, accounting for 60% of infections
- The highest proportion of total chronic hepatitis B cases in Wales and highest rates per 100,000 population of chronic HBV cases were reported in Cardiff and Vale (32%; 11.2 per 100,000 population) and Aneurin Bevan (29%; 12.6 per 100,000 population) University Health Boards
- There were 244 new diagnoses of chronic HBV in 2025, a 21% decrease from the previous year, representing a case rate of 7.7 per 100,000 population. Cases were two-fold higher in males and the highest rate was in the 35-44 age group
- A total of 128,997 individuals, resident in Wales, were tested for hepatitis B virus (HBsAg) in 2025, an increase of 5% from 2024
- Females accounted for 56% of individuals tested for HBsAg in 2025, however, HBsAg positivity rates were two times higher amongst males
- The majority of HBsAg testing was undertaken among individuals aged 25-34 years, but positivity was highest within the 35-44 years age group, consistent with the previous years
- The highest HBsAg testing rate was in Cwm Taf Morgannwg University Health Board at 3,845 per 100,000 population, however, Cardiff and Vale University Health Board had the highest positivity rate (proportion tested that were HBsAg positive) at 0.39% compared to a Wales average rate of 0.27%

Hepatitis C virus (HCV)

An anti-HCV reactive result indicates previous exposure to HCV and is consistent with either current HCV infection, past resolved HCV infection. Confirmatory HCV PCR testing for HCV RNA is required to identify current active infection that requires treatment.

- The proportion of anti-HCV reactive tests amongst individuals tested for the first time has decreased from 2.3% to 1.0% between 2015 and 2025
- Since 2015, the proportion of individuals with an HCV-RNA positive result following an anti-HCV reactive test has decreased substantially from 59% to 29% in 2025.
- There were 268 newly diagnosed HCV cases in 2025, a 19% decrease compared to the previous year, representing a case rate of 8.4 per 100,000 population per year

- Newly diagnosed HCV cases were more frequently (78%) male and in the 35 – 44 age group, unlike the previous year where diagnoses were highest amongst individuals aged 25-34 years
- In 2025, the highest rate of newly diagnosed HCV cases per 100,000 population was recorded in Swansea Bay University Health Board (11 per 100,000 population), and the lowest in Powys Teaching Health Board (3 per 100,000 population)
- A total of 110,588 individuals were tested for anti-HCV in 2025, an increase of 7% from the previous year
- Whilst more females were tested in 2025, the proportion with an anti-HCV reactive result was two times higher in males, consistent with previous years
- Anti-HCV reactivity was highest among individuals aged 45-54 years, a trend that has been consistent in the past two years
- Anti-HCV testing rate per 100,000 population was highest in Swansea Bay University Health Board (4,325 per 100,000 population), but the proportion reactive (anti-HCV reactivity) was highest for Betsi Cadwaladr University Health Board
- Loss to follow-up for confirmatory testing for active HCV infection remains a major challenge. Laboratory data indicate that 20% of individuals who were anti-HCV reactive for the first time in 2025 did not receive a confirmatory test
- Among individuals newly diagnosed with HCV-RNA between 2022 and 2025, 60% had initiated treatment by the end of 2025. Of those treated, 76% achieved a recorded sustained virologic response (SVR), indicating clearance of the virus. This marks a considerable improvement from 45% achieving a recorded SVR by the end of 2024.
- Of the 339 individuals with a recorded SVR, 80 have since tested HCV-RNA positive, implying a reinfection rate of 23.6%

Viral hepatitis related mortality

- Wales has had very low numbers of HBV-related deaths since 2015 with 21 deaths recorded overall, of which the majority were male and 52% occurred in those aged 65 or over
- There have been 149 deaths related to HCV in total between 2015 and 2025, with the highest number (15%) of annual deaths registered in 2024. The majority (82%) of deaths within this period were amongst males and 73% occurred in those aged 55 or over
- In 2025, a total of 10 HCV-related deaths were registered, indicating a 57% decrease on previous year, of which 60% indicated hepatocellular cancer (HCC) as underlying cause of death (any position)

WHO elimination indicators

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

2. Introduction

2.1 Hepatitis B

Hepatitis B is a potentially life-threatening viral infection that can occur as either an acute or a chronic disease. The likelihood of developing chronic infection depends largely on the age at which the virus is acquired, with the highest risk occurring in infancy and early childhood. Chronic hepatitis B can lead to serious complications, including cirrhosis, liver failure, and hepatocellular carcinoma (liver cancer). The WHO estimates that infection acquired in adulthood results in chronic disease in less than 5% of people, while those acquired in infancy and early childhood leads to chronic hepatitis in 95% of cases¹. In the UK, 95% of newly diagnosed chronic hepatitis B cases are amongst people originating from high prevalence countries². These individuals may have acquired the infection in their country of origin either at birth or in early childhood, and a small proportion acquired through behavioural risk.

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

- unprotected vaginal or anal intercourse
- through blood-to-blood contact (percutaneous exposure e.g. sharing of injecting equipment, unsafe surgical or dental practices, needlestick injuries)
- perinatal transmission from mother to child³

The dominant route of transmission may vary by the country of exposure. For high prevalence countries, transmission is mostly perinatal/vertical, while infection related to travel/transmission within high prevalence countries, unprotected sex and sharing of injecting equipment are likely routes for lower prevalence countries such as UK¹.

2.2 Hepatitis C

Hepatitis C can present in both acute and chronic infection, which can range from mild to a serious illness such as liver failure and cancer. Only few acute cases are diagnosed as many new HCV infections are asymptomatic. About 30% of newly infected individuals with HCV usually clear the infections naturally within 6 months⁴. The remainder (~70%) develop chronic HCV infection, and some might remain undetected until later stages when symptoms of serious illness become visible.

Most HCV infections in the UK occur through exposure to blood from sharing of needles or other injecting equipment in people who inject drugs. Other transmission routes include historic transfusion of infected blood or blood products (prior to 1991), re-use or inadequate sterilization of medical equipment, needlestick injuries, exposure to infected

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

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

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

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

blood e.g. through sharing personal items (such as razors or toothbrushes), tattooing and body piercing.

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

2.3 Control of viral hepatitis: towards elimination

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

3. Prevention programmes

3.1 Hepatitis B vaccinations

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

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

Childhood HBV immunisation

All babies in the UK born on or after 1 August 2017 are offered three doses of hepatitis B-containing vaccine as part of the NHS routine childhood immunisation programme. In 2024/25, the '6 in 1' DTaP/IPV/Hib/HepB1 vaccine uptake (all three doses) in children reaching their first birthday decreased slightly to 94.1%, compared to 94.2% in the previous year⁵.

Immunisation of babies born to hepatitis B infected mothers

In 2024, the latest data available, there were 36 babies born to HBV infected mothers, four more than the previous year. All babies received the HepB-birth dose, achieving 100% coverage. There were no cases lost to follow-up. Two of the 36 neonates (6%) born to hepatitis B positive mothers were indicated for HBV Immunoglobulin (HBIG) in Wales, achieving 100% coverage. Uptake of the third dose of hepatitis B immunisation was 97%, comparable to 2023. Further detail can be found here: [Neonatal hepatitis B immunisation - Public Health Wales](#)⁶.

Immunisation of people in prison

Hepatitis B vaccination provision to people in prison is recommended in line with NICE guidance⁷. However, current routine data collection for hepatitis B vaccination in prisons in Wales is in development and data for 2025 are not available. Future reports will aim to include coverage of first dose and course completion by prisons in Wales.

⁵ Public Health Wales Vaccine Uptake in Children in Wales. COVER Annual Report 2024, Data for the year ending 31st March 2025. Available at: [COVER report 2024/25](#)

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

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

3.2 The Welsh blood service screening programme

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

A total of 26,604 individuals were newly screened prior to blood donation to the Welsh blood services between 2021 and 2025, with a total of six individuals positive for HBV and two for HCV over the 5-year period.

3.3 Needle and syringe programmes (NSPs)

Current or historic injecting drug use remains the primary mode of transmission of hepatitis C in the UK. NSPs provide sterile injecting equipment and other paraphernalia in line with best practice guidance^{8,9}. In Wales, the Harm Reduction Database Wales (HRD) is used to record all NSP activity data. In recent years, data have indicated substantial reduction in engagement with NSPs by people who inject drugs (PWID), changes in drug use and related risk behaviours and HRD data quality.¹⁰

The term 'coverage rate' refers to the proportion of injecting events where sterile injecting equipment is used. NICE Guidance⁸ recommends a coverage rate of just over 100% to account for 'mishits' and accidental droppage/contamination, while the WHO Global Health Sector Strategy (GHSS) target¹¹ is set at 300 sterile syringe/needles distributed per year per PWID to prevent transmission of viral hepatitis. Coverage can be estimated as the mean number of syringes dispensed per PWID, defined as any individual who self-reported injecting of any psychoactive drug (stimulants and/or opioids) with regular access to NSPs in Wales (two or more interactions in 2025). The mean is used to account for the total number of syringes in circulation among this estimated population and includes secondary distribution of NSP equipment.

Using this definition, coverage was estimated to be 247 syringes per PWID in 2025, a rate of 67.7% based on the assumption of one injection per day. It should be noted that the vast majority of PWID inject more than once per day. This estimate should be interpreted with caution due to ongoing data quality issues, likely leading to an

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

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

¹⁰ Public Health Wales (2026). Needle & Syringe Programme Activity in Wales Annual Report 2025/26 (Data to the end of March 2026).

Cardiff, Public Health Wales. Available at: <https://phw.nhs.wales/reports/needle-and-syringe-programme-activity-in-wales-annual-report-2025-to-2026/>

¹¹ World Health Organization (WHO). Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022-2030. Available at: https://www.who.int/publications/i/item/9789240053779health_sector_strategies_on_HIV_viral_hepatitis_and_sexually_transmitted_infections_for_the_period_2022-2030

underestimation of the PWID population in Wales and thus an overestimation of coverage. Modelling work to estimate of the current PWID population in Wales is ongoing.

Testing and Diagnosis

4.1 Overview

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

Overall, there has been a sustained increase in both the number of tests conducted and the number of individuals tested for viral hepatitis since 2015, apart from a decline observed at the onset of the COVID-19 pandemic in 2020 (Table 1). In 2025, there was a 5% increase in the number of individuals tested for HBsAg and a 7.4% increase in individuals tested for anti-HCV compared to 2024.

Table 1: Total number of tests, individuals screened and positivity (%) for hepatitis B (HBsAg) and reactivity hepatitis C (anti-HCV) by year 2015-2025, Wales^{12,13}

Year	Hepatitis B (HBsAg)			Hepatitis C (anti-HCV)		
	Total tests (LIMS + TAP)	Individuals tested (LIMS + TAP)	Positive (%)	Total tests (LIMS + TAP)	Individuals tested (LIMS + TAP)	Reactive (%)
2015	87,225	74,590	701 (0.94)	50,907	41,888	1,382 (3.3)
2016	89,207	76,568	783 (1.02)	54,468	44,619	1,525 (3.42)
2017	93,451	79,169	917 (1.16)	59,537	48,526	1,544 (3.18)
2018	97,381	81,405	935 (1.15)	66,121	52,254	1,754 (3.36)
2019	101,801	84,332	956 (1.13)	71,539	56,357	1,937 (3.44)
2020	77,776	65,230	753 (1.15)	48,044	37,970	1,212 (3.19)
2021	110,308	95,888	824 (0.86)	81,539	69,222	1,569 (2.27)
2022	126,383	102,860	956 (0.93)	105,346	81,649	1,975 (2.42)
2023	138,108	113,088	1,048 (0.93)	113,767	90,037	2,142 (2.38)
2024	149,853	122,876	1,120 (0.91)	130,160	103,013	2,464 (2.39)
2025	156,632	128,997	1,129 (0.88)	139,123	110,588	2,420 (2.19)

Source: LIMS, Test and Post Scheme, 2026

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

¹² The total number of individuals screened includes individuals from prisons and substance misuse services where present in LIMS. In addition, TAP individuals with a positive or reactive test result are contacted and referred for confirmatory testing within NHS clinics, the results of which will be present on LIMS. The reporting of the overall number of individuals screened and positivity rate, is based on the assumption that all individuals receiving a reactive/positive test through TAP are represented in the LIMS data. Whilst further validation is currently ongoing, this assumption may lead to underreporting of the number of people with evidence of hepatitis infection and as such caution is advised when interpreting positivity.

¹³ Total tests is calculated as the sum of all valid tests conducted and recorded in LIMS, and negative results in TAP, while the total number of individuals tested was calculated as the sum of individuals with a valid test recorded in LIMS and the number of individuals with a negative result in TAP. Individuals were counted once in the reporting year. It is estimated that few Individuals (<10%) may have a test recorded in both LIMS and TAP.

4.2 Hepatitis B (HBV)

Testing

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

The number of first-time tested individuals entering the testing pool each year has continued to increase post pandemic years. In 2025, 63,642 individuals were tested for the first time representing a HBsAg testing rate of 1,997 per 100,000 population (Table 2). When compared to the testing rates presented in Table 3, approximately six out of every 10 individuals, with no prior history of infection, had not been tested previously.

HBsAg positivity rates among first-time tested individuals have shown little variation since 2015. In 2025, 0.44% (CI: 0.39% – 0.49%) of individuals tested were positive, comparable to previous years (Table 2).

Table 2: Number of individuals, with no prior history of HBsAg testing, testing rate per 100,000 population, number of individuals HBsAg positive and positivity rate by year, 2015 to 2025, Wales

Year	Individuals tested	Rate per 100,000 population	Number of individuals HBsAg positive	Positivity rate (95% CI) ^a
2015	69,569	2,245	396	0.57 (0.52 - 0.63)
2016	63,803	2,049	308	0.48 (0.43 - 0.54)
2017	60,500	1,936	318	0.53 (0.47 - 0.59)
2018	57,646	1,837	279	0.48 (0.43 - 0.54)
2019	56,603	1,795	238	0.42 (0.37 - 0.48)
2020	39,664	1,251	173	0.44 (0.38 - 0.51)
2021	45,508	1,465	172	0.38 (0.33 - 0.44)
2022	48,962	1,563	277	0.57 (0.50 - 0.64)
2023	54,752	1,730	297	0.54 (0.48 - 0.61)
2024	60,288	1,892	321	0.53 (0.48 - 0.59)
2025	63,642	1,997	279	0.44 (0.39 - 0.49)

^aConfidence intervals calculated using the Wilson method.

Source: LIMS, 2026

In 2025, a total of 105,709 individuals, with no known history of HBV infection, were tested, a 7.7% increase compared to the previous year, representing a HBsAg testing rate of 3,317 per 100,000 population (Table 3). The number of unique individuals tested has increased year on year since 2015, excluding the pandemic years.

As shown in Table 3, of those tested in 2025, 305 were positive for HBsAg, a positivity rate of 0.29 %, CI: 0.26% - 0.32%), comparable with previous years. Of the 305 HBsAg positive individuals, 279 (91.5%) were positive at first HBsAg test.

Table 3: Number of individuals, with no prior history of HBV infection, tested for hepatitis B (HBsAg), testing rate per 100,000 population, number of individuals HBsAg positive and positivity rate by year 2015 to 2025, Wales¹⁴

Year ^a	Individuals tested	Rate per 100,000 population	Number of individuals HBsAg positive	Positivity rate (95% CI) ^b
2015	74,227	2,395	431	0.58 (0.53 - 0.64)
2016	75,883	2,437	362	0.48 (0.43 - 0.53)
2017	78,300	2,505	364	0.46 (0.42 - 0.52)
2018	80,413	2,562	306	0.38 (0.34 - 0.43)
2019	83,260	2,641	265	0.32 (0.28 - 0.36)
2020	64,328	2,030	193	0.30 (0.26 - 0.35)
2021	74,811	2,409	189	0.25 (0.22 - 0.29)
2022	78,775	2,515	300	0.38 (0.34 - 0.43)
2023	88,678	2,802	331	0.37 (0.34 - 0.42)
2024	98,197	3,082	347	0.35 (0.32 - 0.39)
2025	105,709	3,317	305	0.29 (0.26 - 0.32)

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

^bConfidence intervals calculated using the Wilson method.

Source: LIMS, 2026

Demographic profile

HBsAg testing and positivity rate by age and sex

In 2025, the most common age group for people tested were those aged 25 – 34 years, representing a HBsAg testing rate of 7,667 per 100,000 population (Table 4). Overall, testing rates were higher among females (3,667 per 100,000 population) than males (2,911 per 100,000 population). This is likely due to the contribution of universal HBV opt-out testing of women of child-bearing age within antenatal screening programmes. Among those aged 45 years and above, testing rates were higher in males than females in all years (Figure 1).

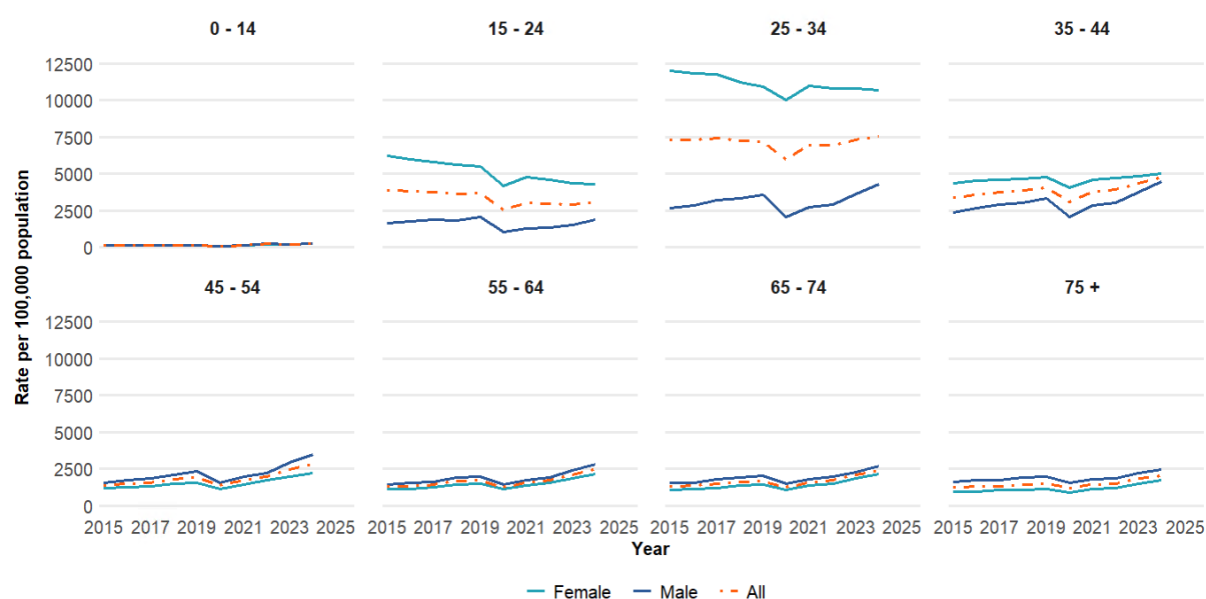
¹⁴ The total number of individuals screened includes individuals from prisons and substance misuse services where present in the Laboratory Information System. In addition, most positive TAP individuals will be retested within LIMS. Therefore, caution is advised when interpreting positivity.

Table 4: Number of individuals, with no prior history of HBV infection, tested for hepatitis B (HBsAg), testing rate per 100,000 population, number HBsAg positive and positivity rate, by age group and sex, 2025, Wales

Demographic	Individuals tested	Rate per 100,000 population	Number of individuals HBsAg positive	Positivity rate (95% CI) ^a
0 - 14	1,203	236	0	0.00 (0.00 - 0.00)
15 - 24	11,490	3,058	22	0.19 (0.13 - 0.29)
25 - 34	30,448	7,667	82	0.27 (0.22 - 0.33)
35 - 44	20,110	5,055	102	0.51 (0.42 - 0.62)
45 - 54	11,942	3,176	49	0.41 (0.31 - 0.54)
55 - 64	12,557	2,863	30	0.24 (0.17 - 0.34)
65 - 74	9,743	2,764	13	0.13 (0.08 - 0.23)
75 +	8,210	2,415	7	0.09 (0.04 - 0.18)
Unknown age	6	-	0	0.00 (0.00 - 0.00)
Males	45,456	2,911	200	0.44 (0.38 - 0.51)
Females	59,586	3,667	102	0.17 (0.14 - 0.21)
Unknown sex	667	-	3	0.45 (0.15 - 1.31)

^aConfidence intervals calculated using the Wilson method.

Source: LIMS, 2026

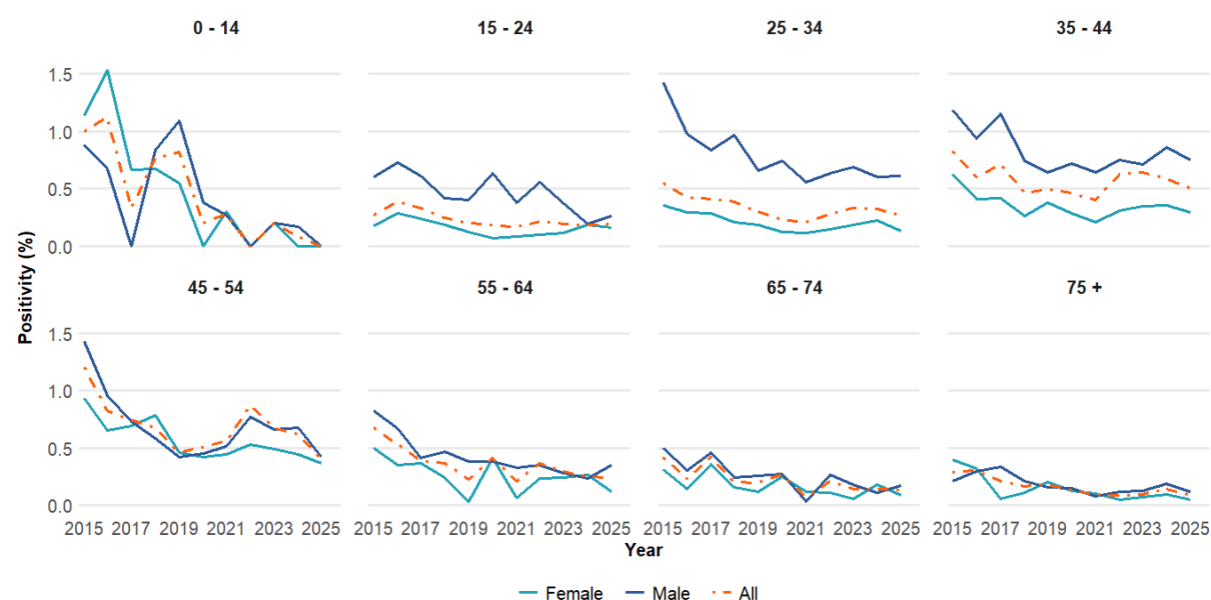


Source: LIMS, 2026

Figure 1: Testing rate per 100,000 population for hepatitis B surface antigen (HBsAg), by sex, age group and year of test 2015-2025, Wales

As shown in Table 4 and Figure 2, the highest number of HBsAg positive individuals and positivity rates in 2025 were observed among people aged 35 – 44 years, with 102 newly identified (0.51%, CI: 0.42 – 0.62%, positivity rate). In contrast, the lowest positivity rates

were observed among the youngest and oldest age groups. More males were HBsAg positive compared to females, resulting in a positivity rate that was more than two times higher than that of females. These trends have been consistent since 2015. A more detailed breakdown of individuals screened by sex can be found in Appendix D and Appendix E.



Source: LIMS, 2026

Figure 2: Positivity rate of hepatitis B (HBsAg) by sex, age group and year of test 2015-2025, Wales

HBsAg testing and positivity rate by health board of residence

Whilst all health boards have reported an increase in people tested since 2015, there has been variation between rates of HBsAg testing across Wales (Table 5). In 2025, the highest testing rate was recorded in Cwm Taf Morgannwg UHB with 3,845 per 100,000 population. (Figure 3). The lowest rate was reported in Powys, however, rates in Powys may be underreported due to Welsh residents near the border accessing services within England and therefore not appearing within these data.

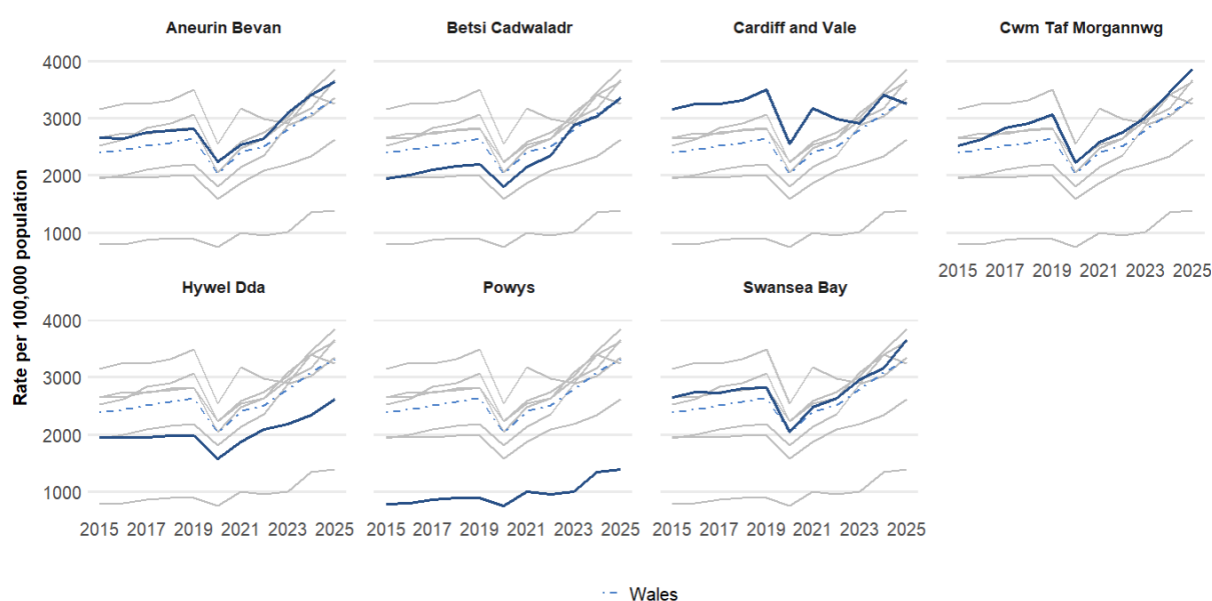
Table 5: Number of individuals, with no prior history of infection, tested for hepatitis B (HBsAg), testing rate per 100,000 population, number HBsAg positive and positivity rate, by health board of residence, 2025, Wales

Health Board ^a	Individuals tested	Rate per 100,000 population	Number of individuals HBsAg positive	Positivity rate (95% CI) ^b
Aneurin Bevan	21,750	3,615	81	0.37 (0.30 - 0.46)
Betsi Cadwaladr	23,231	3,332	61	0.26 (0.20 - 0.34)
Cardiff and Vale	16,792	3,231	66	0.39 (0.31 - 0.50)
Cwm Taf Morgannwg	17,276	3,845	34	0.20 (0.14 - 0.27)
Hywel Dda	10,178	2,615	6	0.06 (0.03 - 0.13)
Swansea Bay	14,403	3,650	47	0.33 (0.25 - 0.43)
Outside Wales/Powys	2,887	-	10	0.35 (0.19 - 0.64)

^aA total of 1 individual was screened with Health Board Unknown

^bConfidence intervals calculated using the Wilson method.

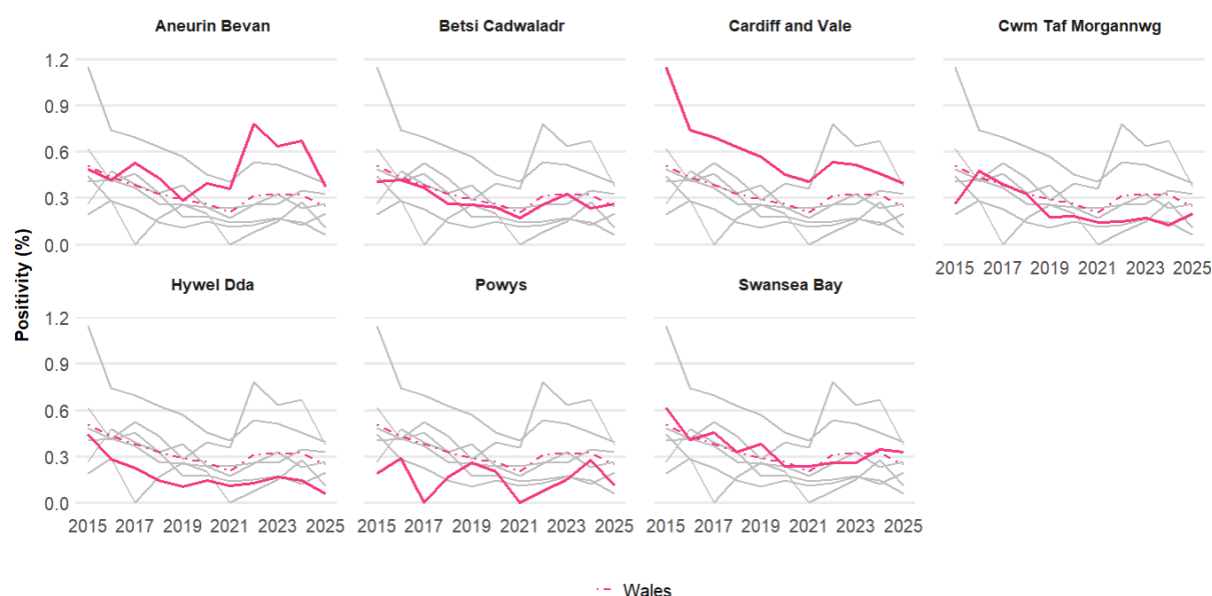
Source: LIMS, 2026



Source: LIMS, 2026

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

In 2025, the highest positivity rate (proportion of those screened with positive HBsAg test) was in Cardiff and Vale UHB (0.39%) and the lowest in Hywel Dda UHB (0.06%). Trends in positivity rates are shown in Figure 4.



Source: LIMS, 2026

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

4.3 Hepatitis B diagnosis

A positive HBsAg test is indicative of current hepatitis B infection, which may be an acute infection or a chronic condition. To establish the status of infection an IgM antibody to hepatitis core antigen and total core antibody tests are performed. Alternatively, a second HBsAg positive result, at least 6 months after an initial test is also considered a marker for chronic hepatitis B infection.

In 2025, a total of 314 new HBV infections were identified in Wales, of which 77.7% (n = 244) were chronic infections and 5.4% (n = 17) were acute infections. For the remaining 53 cases (16.9%) infection status could not be established, either due to a lack of follow up testing or having results that require further interpretation.

Acute Hepatitis B

Acute hepatitis B infections are rare in Wales, with 53 acute cases recorded over the last five years, including 17 cases in 2025. Over this time, the highest rates were identified in Betsi Cadwaladr UHB, accounting for 59% of all acute cases. Of the 17 cases reported in 2025, 78% were male, and 60% were aged 55 years or over.

Chronic Hepatitis B

A total of 2,787 individuals have been diagnosed with chronic hepatitis B infection since 2015 (Table 6). Chronic cases were higher in males (55%), compared to females (40%) while 5% of infected individuals had unknown sex (Appendix F). Individuals aged 25 - 44 years accounted for over 60% of all chronic infections. Prevalence of chronic HBV cases

vary across health boards, with rates in Aneurin Bevan UHB (29%) and Cardiff and Vale UHB (32%) considerably higher than the others (Appendix G).

Of the 314 individuals newly identified with HBV infection in 2025, 305 were detected through HBsAg testing (Table 6). The remaining nine cases were identified through other HBV testing.

A total of 244 new chronic infections were identified across Wales, a 21.0% decrease compared to the previous year, and representing a rate of 7.7 per 100,000 population, (Table 6).

Table 6: Summary of newly identified hepatitis B infections in Wales, by year of first indication of infection 2015-2025, Wales

Year ^a	Individuals tested	New infections (HBsAg only)	All new infections ^b	New chronic infections	Proportion of new infections(%)	Rate per 100,000 population (95% CI) ^c	Unable to determine infection status
2015	74,777	431	527	432	82.0	13.94 (12.69 - 15.32)	56
2016	76,363	362	380	265	69.7	8.51 (7.55 - 9.60)	98
2017	78,828	364	374	267	71.4	8.54 (7.58 - 9.63)	93
2018	80,933	306	312	227	72.8	7.23 (6.35 - 8.24)	77
2019	83,495	265	273	203	74.4	6.44 (5.61 - 7.39)	58
2020	64,500	193	197	136	69.0	4.29 (3.63 - 5.08)	52
2021	75,056	189	199	166	83.4	5.35 (4.59 - 6.22)	25
2022	79,042	300	310	264	85.2	8.43 (7.47 - 9.51)	36
2023	88,926	331	341	274	80.4	8.66 (7.69 - 9.75)	53
2024	98,493	347	364	309	84.9	9.70 (8.67 - 10.84)	44
2025	106,124	305	314	244	77.7	7.66 (6.75 - 8.68)	53

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

^bIncludes people newly identified as being infected as a result of any hepatitis B test, not only a surface antigen test.

^cConfidence intervals calculated using the Wilson method.

Source: LIMS, 2026

Hepatitis B cases by age and sex

Overall, the rate of new chronic HBV cases in 2025 was two-fold higher in males (10.3 per 100,000 population) than in females (5.1 per 100,000 population), consistent with trends seen in recent years. The highest rates of chronic HBV cases were recorded in the 35-44 age group (22.1 per 100,000 population), followed by the 25-34 age group (16.9 per 100,000 population). Similar age-specific patterns were evident in both males and females (Table 7 and Figure 5).

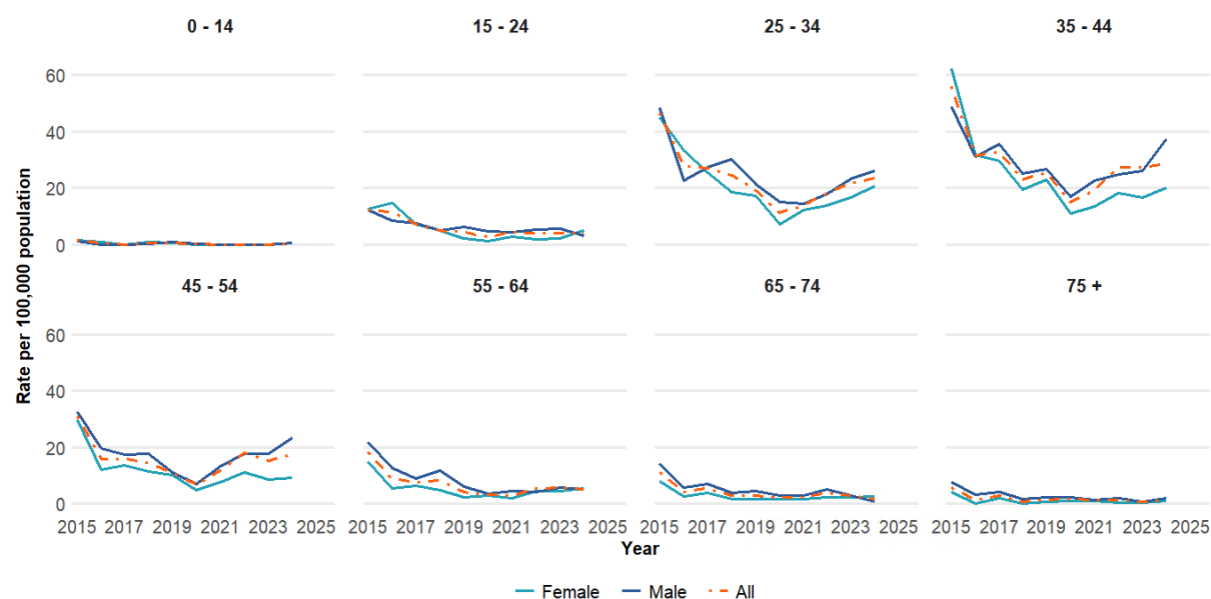
Table 7: Summary of newly identified chronic hepatitis B cases, by age group and sex, 2025, Wales

Demographic	Individuals tested	New infections (HBsAg only)	All new infections ^a	New chronic infections	Proportion of new infections(%)	Rate per 100,000 population (95% CI) ^b	Unable to determine infection status
0 - 14	1,210	0	0	0		0.00 (0.00 - 0.76)	0
15 - 24	11,534	27	27	18	66.7	4.79 (3.03 - 7.57)	5
25 - 34	30,562	81	85	67	78.8	16.87 (13.29 - 21.42)	17
35 - 44	20,192	100	104	88	84.6	22.12 (17.96 - 27.25)	15
45 - 54	12,012	47	47	37	78.7	9.84 (7.14 - 13.56)	8
55 - 64	12,608	31	32	23	71.9	5.24 (3.49 - 7.87)	5
65 - 74	9,770	12	12	6	50.0	1.70 (0.78 - 3.71)	3
75 +	8,230	7	7	5	71.4	1.47 (0.63 - 3.44)	0
Unknown age	6	0	0	0		-	0
Males	45,646	200	206	160	77.7	10.25 (8.78 - 11.96)	35
Females	59,810	102	105	82	78.1	5.05 (4.07 - 6.26)	17
Unknown sex	668	3	3	2	66.7	-	1

^aIncludes people newly identified as being infected as a result of any hepatitis B test, not only a surface antigen test.

^bConfidence intervals calculated using the Wilson method.

Source: LIMS, 2026



Source: LIMS, 2026

Figure 5: Rate per 100,000 population of new chronic HBV diagnoses by sex, age group and year of test, 2015-2025, Wales

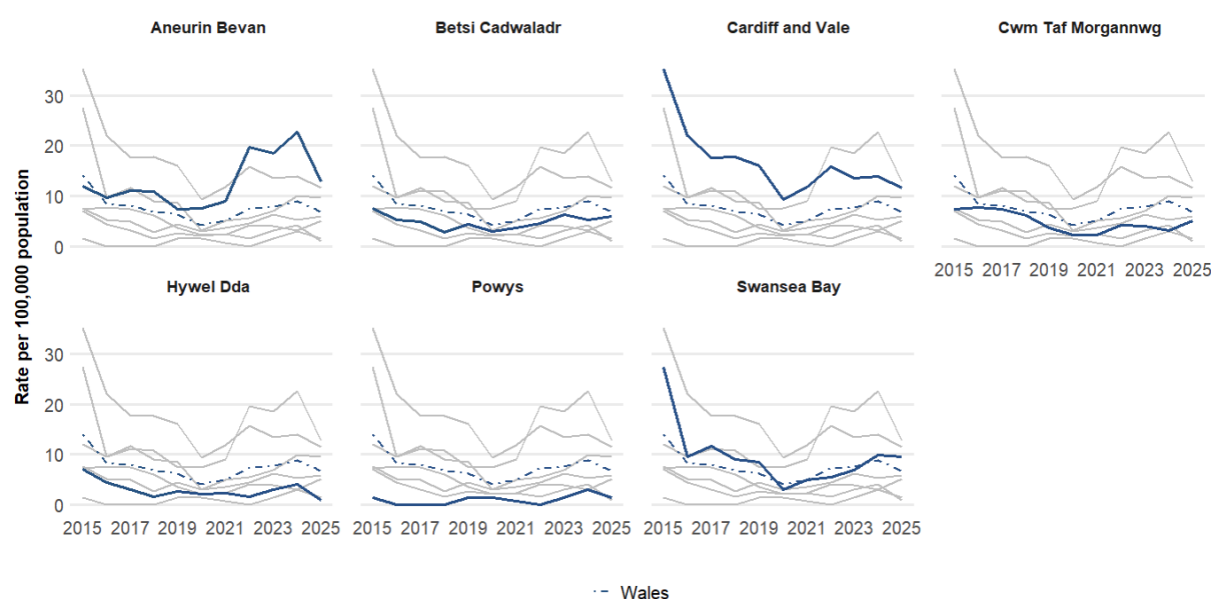
Hepatitis B cases by Health Board of residence

In Wales, there is considerable variation in the rate of new chronic HBV cases across health boards, with Aneurin Bevan UHB (12.6 per 100,000 population) and Cardiff and Vale UHB (11.2 per 100,000 population) substantially higher than other health boards (Table 8 and Figure 6).

Table 8: Summary of newly identified hepatitis B cases in 2025, by health board of residence, Wales

Health board	Individuals tested	New infections (HBsAg only)	All new infections	New chronic infections	Proportion of new infections(%)	Rate per 100,000 population (95% CI)	Unable to determine infection status
Aneurin Bevan	21,838	80	82	76	92.7	12.63 (10.09 - 15.81)	4
Betsi Cadwaladr	23,373	62	65	41	63.1	5.88 (4.34 - 7.98)	15
Cardiff and Vale	16,866	66	70	58	82.9	11.16 (8.63 - 14.43)	9
Cwm Taf Morgannwg	17,309	34	34	21	61.8	4.67 (3.06 - 7.14)	12
Hywel Dda	10,208	6	6	4	66.7	1.03 (0.40 - 2.64)	1
Swansea Bay	14,441	47	47	36	76.6	9.12 (6.59 - 12.63)	11
Outside Wales/Powys	2,900	10	10	8	80.0	-	1
Unknown	1	0	0	0	-	-	0

Source: LIMS, 2026



Source: LIMS, 2026

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

Hepatitis C (HCV)

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

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

Testing

Among individuals with no prior history of infection, the number tested for anti-HCV has increased year on year, excluding pandemic years, and has doubled since 2015, whilst the proportion of individuals who are anti-HCV reactive (i.e., % reactive) has shown a decreasing trend over time, with the lowest proportion reactive in 2025 (0.8%) (Table 9).

Table 9: Number of individuals, without prior history of infection, tested for anti-HCV, number and proportion (%) reactive and the number of individuals with first anti-HCV test, number and proportion (%) reactive by year 2015-2025, Wales

Year ^a	Individuals tested	Individuals with first reactive	% Reactive (95% confidence interval) ^b	Individuals with first test	Individuals reactive at first test	% Reactive at first test (95% confidence interval) ^b
2015	41,485	969	2.3 (2.2 - 2.5)	41,485	969	2.3 (2.2 - 2.5)
2016	43,975	887	2 (1.9 - 2.2)	38,456	858	2.2 (2.1 - 2.4)
2017	47,757	793	1.7 (1.5 - 1.8)	39,596	745	1.9 (1.8 - 2.0)
2018	51,321	833	1.6 (1.5 - 1.7)	40,215	767	1.9 (1.8 - 2.0)
2019	55,099	722	1.3 (1.2 - 1.4)	41,775	642	1.5 (1.4 - 1.7)
2020	37,137	443	1.2 (1.1 - 1.3)	26,072	391	1.5 (1.4 - 1.7)
2021	48,005	529	1.1 (1.0 - 1.2)	34,061	468	1.4 (1.3 - 1.5)
2022	57,185	696	1.2 (1.1 - 1.3)	41,038	602	1.5 (1.4 - 1.6)
2023	64,908	629	1 (0.9 - 1.0)	45,210	537	1.2 (1.1 - 1.3)
2024	77,380	785	1 (0.9 - 1.1)	53,450	671	1.3 (1.2 - 1.4)
2025	86,849	698	0.8 (0.7 - 0.9)	58,876	612	1 (1.0 - 1.1)

^a A history of prior infection (first reactive) has been established using all testing data since 2013, therefore data on individuals reactive at first test in 2015 may be overreported.

^b Confidence intervals calculated using the Wilson method.

Source: LIMS, 2026

The proportion of hepatitis C antibody (anti-HCV) reactive cases among newly tested individuals has decreased by 1.3 percentage points, from 2.3% to 1.0% over the period 2015-2025, despite increasing testing levels.

Demographic profile

Anti-HCV testing and reactivity rates by age group and sex

The age and sex profile of individuals tested for anti-HCV in 2025 is shown in Table 10. The highest number tested by age were in the 25-34 and 35-44 age groups, and testing was higher in males than females, at a ratio of 1: 0.7. The highest reactivity rates were recorded among the 35-44 and 45-54 age group and amongst males.

Table 10: Number of individuals, with no prior history of infection, tested for anti-HCV, rate per 100,000 population, individuals reactive and reactivity rate, by age group and sex, 2025, Wales

Demographic	Number of individuals tested	Rate per 100,000 population	Individuals reactive	% Reactive (95% Confidence Interval) ^a
0-14	1,161	228	11	0.9 (0.5 - 1.7)
15-24	8,986	2392	18	0.2 (0.1 - 0.3)
25-34	16,566	4171	95	0.6 (0.5 - 0.7)
35-44	16,261	4087	205	1.3 (1.1 - 1.4)
45-54	12,309	3274	169	1.4 (1.2 - 1.6)
55-64	13,040	2973	106	0.8 (0.7 - 1.0)
65-74	10,091	2862	67	0.7 (0.5 - 0.8)
75+	8,434	2481	27	0.3 (0.2 - 0.5)
Unknown Age	1	-	0	0 (0.0 - 79.3)
Females	36,941	2273	188	0.5 (0.4 - 0.6)
Males	49,158	3148	504	1 (0.9 - 1.1)
Unknown Sex	750	-	6	0.8 (0.4 - 1.7)

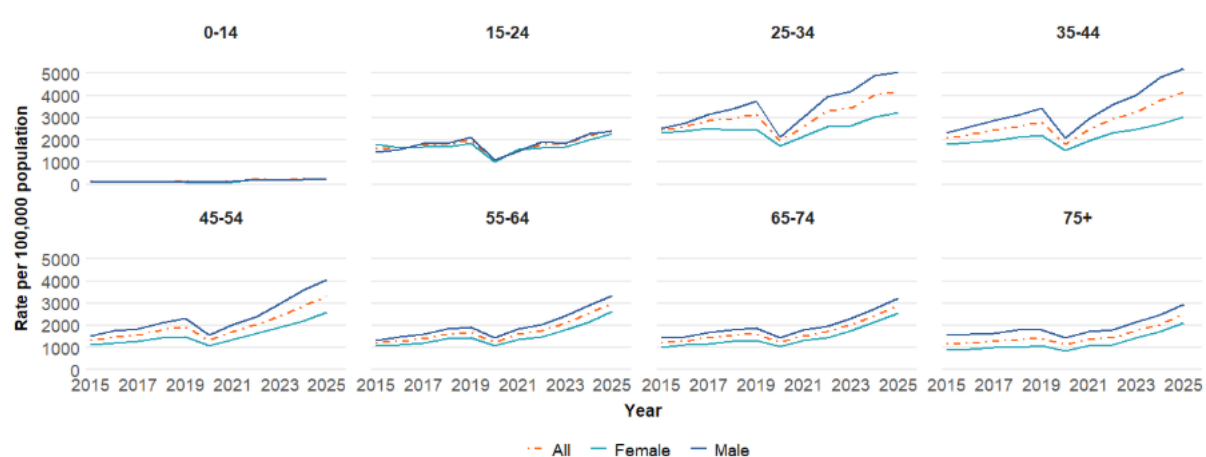
^a Confidence Intervals calculated using the Wilson method.

Source: LIMS, 2026

Figure 7 shows the trend in the anti-HCV testing rate per 100,000 population by age group and sex from 2015 to 2025 in Wales. Apart from the Covid pandemic period 2010-2022, testing rates have consistently increased over time across all age groups, except for 0-14 age group where it has remained stable. While testing rates have increased for both sexes over the years, it has consistently remained higher in males than females.

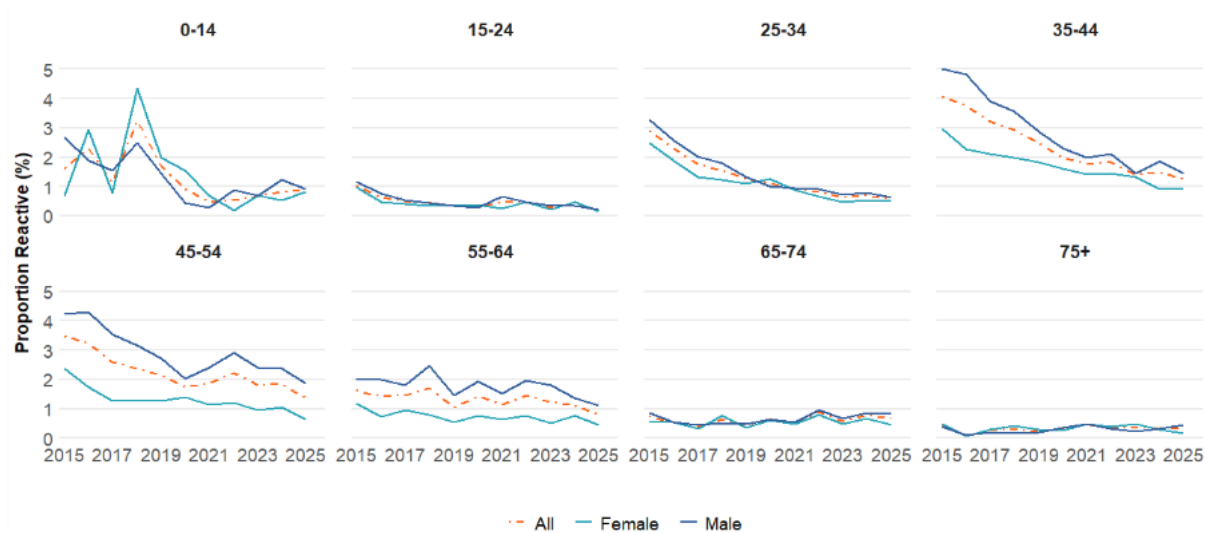
The anti-HCV reactivity rate has shown an overall downward trend over time across the different age groups (Figure 8) except for those aged 64 years +, which has remained low and relatively stable over time.

Anti-HCV reactivity rates amongst males and females shows a more complex picture, with consistently higher rates in males in the 35-44, 45-54, 55-64-year age groups but far closer and variable patterns in other age groups. In the 0-14 years, the trend is potentially impacted by mother to child transmission of HCV antibodies. In the 15-24-year age groups, both testing rates and reactivity rates follow very similar trends. In the 25-34-year age group, in recent years the testing rate for males has been considerably higher than for females and reactivity trends indicate a steeper reduction in HCV exposure in males tested than in females suggesting a need to improve testing amongst females in this age group.



Source: LIMS, 2026

Figure 7: Anti-HCV testing rate per 100,000 population among individuals with no prior history of infection, by age group, sex and year of testing, 2015-2025, Wales



Source: LIMS, 2026

Figure 8: Anti-HCV reactivity rate among those with no prior history of infection, by age group, sex and year of testing, 2015-2025, Wales

Anti-HCV testing and reactivity rates by health board of residence

Table 11 summarises testing activity among individuals with no prior history of infection across health boards in 2025. In 2025, the highest anti-HCV testing rate per 100,000 population was recorded in Swansea Bay UHB (4,325 per 100,000 population) compared to the Wales average rate of 2,725 per 100,000 population (Figure 9). Further details on anti-HCV testing rates per 100,000 population at health board level, from 2015 to 2025 can be found in Appendix I and Appendix J. This highest anti-HCV reactivity rate was recorded in Betsi Cadwaladr UHB at 1.3%

Table 11: Number of individuals, with no prior history of infection, tested for anti-HCV, rate per 100,000 population, individuals reactive and reactivity rate, by health board of residence, 2025

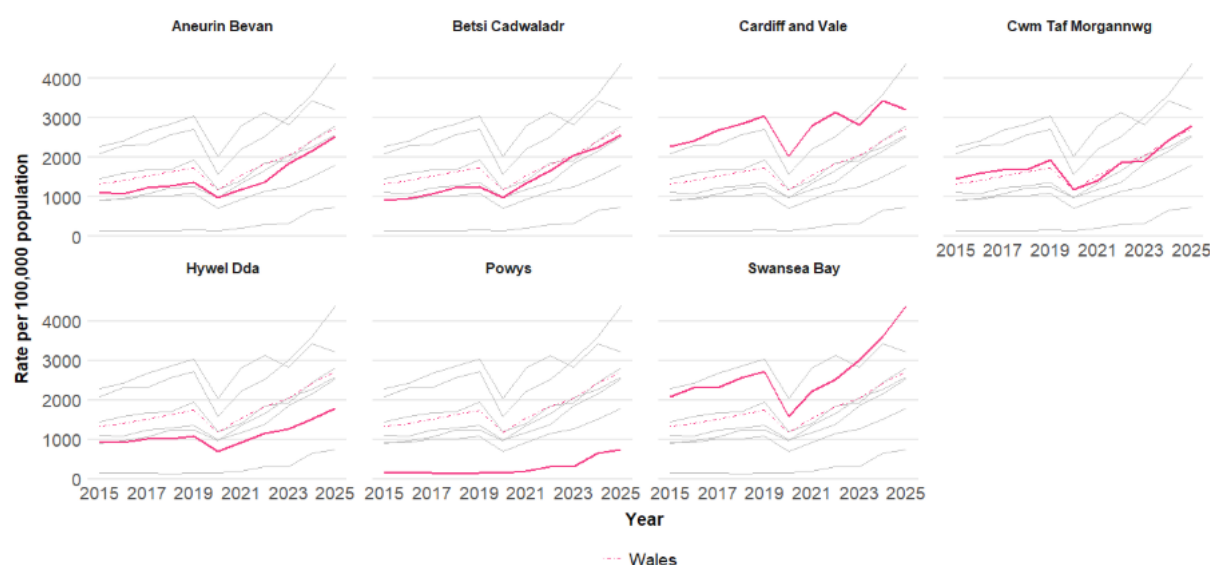
Health Board ^a	Individuals tested	Rate per 100,000 population	Individuals reactive	% Reactive (95% Confidence Interval) ^b
Aneurin Bevan	15,205	2,527	84	0.6 (0.4 - 0.7)
Betsi Cadwaladr	17,988	2,580	240	1.3 (1.2 - 1.5)
Cardiff and Vale	16,348	3,146	134	0.8 (0.7 - 1.0)
Cwm Taf Morgannwg	12,303	2,738	92	0.7 (0.6 - 0.9)
Hywel Dda	6,920	1,778	43	0.6 (0.5 - 0.8)
Powys	983	728	7	0.7 (0.3 - 1.5)
Swansea Bay	17,065	4,325	98	0.6 (0.5 - 0.7)

^a 37 individuals screened not included in this table as their health boards are outside Wales.

^b Confidence Intervals calculated using the Wilson method.

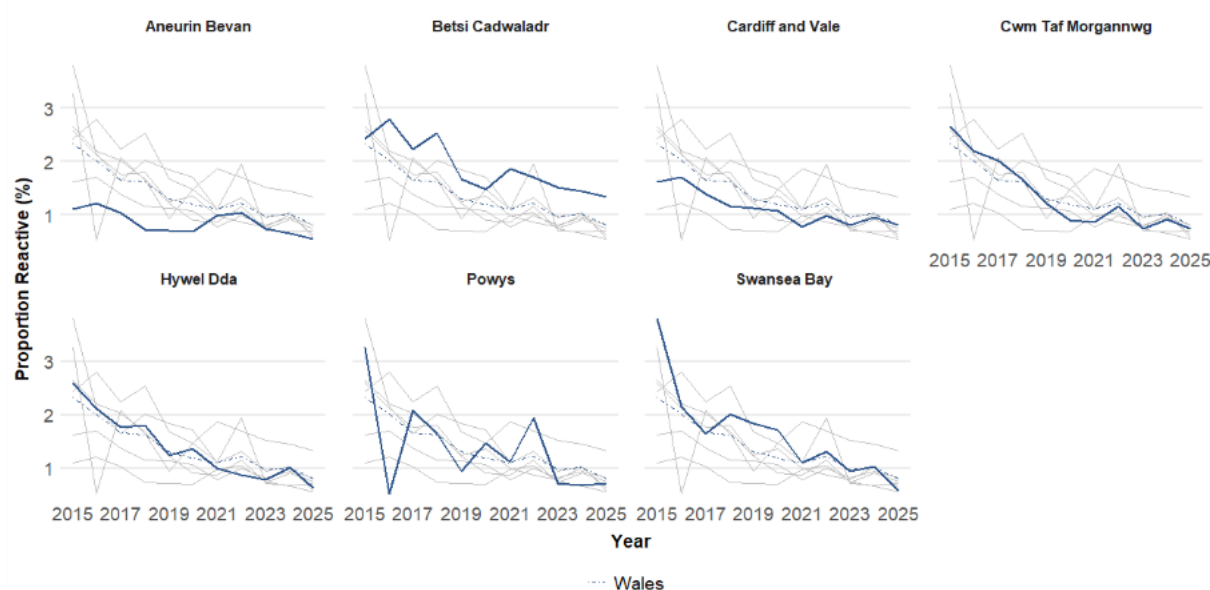
Source: LIMS, 2026

Figure 9 and Figure 10 present the trends in anti-HCV testing rate per 100,000 population and reactivity rate, respectively, among those with no prior history of infection, from 2015 to 2025, by health board of residence. Since 2015, anti-HCV testing rate has increased steadily across health board areas, apart from the pandemic period 2020-22. However, anti-HCV testing rates decreased in Cardiff and Vale UHB in 2025.



Source: LIMS, 2026

Figure 9: Anti-HCV testing rate per 100,000 population among individuals with no prior history of infection by health board of residence and year of testing, 2015-2025, Wales (Bold line represents Health Board, dotted line represents Wales average)



Source: LIMS, 2026

Figure 10: Anti-HCV reactivity rate among those with no prior history of infection, by health board and year of testing, 2015-2025, Wales (Bold line represents Health Board, dotted line represents Wales average)

While testing rate has steadily increased across all health boards, the proportion (%) of individuals testing anti-HCV reactive has declined over time, with the lowest numbers recorded in 2025 for most health boards. Further details on the proportion reactive for anti-HCV by health board can be found in Appendix K and Appendix L.

Confirmatory testing following anti-HCV reactive test result

Testing pathways and laboratory processes are in place to undertake confirmatory testing using an HCV PCR (Polymerase Chain Reaction) test for all anti-HCV reactive samples to confirm current infection, detection of the genetic material (RNA) of the virus, and the requirement for treatment. These including reflex testing for all dried blood spot samples. However, available data indicate that not all individuals had received HCV PCR confirmatory test following a reactive anti-HCV test result.

Among individuals who were anti-HCV reactive for the first time between 2015 and 2025, the proportion not receiving confirmatory PCR testing by year has fluctuated, ranging from 12.7% in 2023 to 22.8% in 2018 (Table 12). Approximately 20% of individuals who tested anti-HCV reactive for the first time in 2025, did not receive follow-up a confirmatory HCV PCR test (Table 12). Available data indicate that the proportion of those with an anti-HCV reactive result but without follow up HCV PCR test varies by health board and over time (Table 13).

Table 12: Number of individuals with first anti-HCV reactive, number and proportion with no HCV PCR confirmatory test, by year 2015-2025, Wales

Year	Individuals with first anti-HCV reactive	Individuals without PCR confirmatory test after first anti-HCV reactive	% Proportion without PCR confirmatory test (95% confidence interval) ^a
2015	969	174	18 (15.7 - 20.5)
2016	887	193	21.8 (19.2 - 24.6)
2017	793	190	24 (21.1 - 27.1)
2018	833	190	22.8 (20.1 - 25.8)
2019	722	108	15 (12.5 - 17.7)
2020	443	85	19.2 (15.8 - 23.1)
2021	529	98	18.5 (15.4 - 22.1)
2022	696	136	19.5 (16.8 - 22.6)
2023	629	80	12.7 (10.3 - 15.6)
2024	785	103	13.1 (10.9 - 15.7)
2025	698	141	20.2 (17.4 - 23.3)

^a Confidence intervals calculated using the Wilson method.

Source: LIMS, 2026

Table 13: Proportion (%) of anti-HCV reactive individuals with no HCV PCR confirmatory test by health board of residence and year, 2015-2025, Wales (darker blue indicates higher rates)

Health board	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Aneurin Bevan	35	39	34	43	22	27	14	19	17	15	13
Betsi Cadwaladr	31	34	30	42	26	32	25	25	14	16	20
Cardiff and Vale	27	28	38	31	18	22	15	21	18	16	14
Cwm Taf Morgannwg	38	41	34	36	20	28	25	17	14	17	17
Hywel Dda	32	44	48	54	36	44	36	32	20	21	18
Powys	44	38	33	44	17	80	38	45	0	0	7
Swansea Bay	41	35	30	42	20	31	26	15	13	15	13

Source: LIMS, 2026

Hepatitis C diagnosis

Table 14 summarises the number of all individuals (i.e., both previously tested and first-tested reactive) with reactive anti-HCV test results, and the number and proportion with a positive HCV-RNA result following a confirmatory HCV PCR test, from 2015 to 2025. The proportion of individuals with positive HCV-RNA result following an anti-HCV reactive test has decreased substantially and consistently year on year from 58.9% in 2015 to 29.2% in 2025.

Table 14: Number of anti-HCV reactive individuals, number of individuals receiving confirmatory HCV-RNA (PCR) test following anti-HCV reactive result and number and proportion (%) of individuals HCV PCR positive by year, 2015 – 2025, Wales

Year	Individuals with anti-HCV reactive	Anti-HCV reactive with PCR confirmatory test	Anti-HCV reactive and PCR positive	% Proportion PCR positive (95% confidence interval) ^a
2015	1,282	1,077	634	58.9 (55.9 - 61.8)
2016	1,227	993	583	58.7 (55.6 - 61.7)
2017	1,136	908	491	54.1 (50.8 - 57.3)
2018	1,200	936	497	53.1 (49.9 - 56.3)
2019	1,146	971	455	46.9 (43.7 - 50.0)
2020	629	529	226	42.7 (38.6 - 47.0)
2021	735	622	261	42 (38.1 - 45.9)
2022	889	736	289	39.3 (35.8 - 42.8)
2023	879	780	279	35.8 (32.5 - 39.2)
2024	1,007	877	268	30.6 (27.6 - 33.7)
2025	874	706	206	29.2 (25.9 - 32.6)

^a Confidence intervals calculated using the Wilson method.

Source: LIMS, 2026

In 2025, 874 individuals had reactive anti-HCV test results. This includes 698 individuals who were reactive for the first time, and 176 individuals who had tested anti-HCV reactive in previous years (Table 14).

In 2025, 268 new HCV-RNA cases were identified in individuals with first HCV PCR test, representing a rate of 8.4 per 100,000 population, an 18.8% reduction in new infections compared to the previous year, and a 69.8% reduction compared to 2015 (Table 15).

Approximately 80% of the individuals with first HCV PCR positive (new infections) in year, had not had an anti-HCV test in prior years (see Appendix M for individuals tested without history of anti-HCV testing in years prior to diagnosis).

Table 15: Number of HCV-RNA confirmatory tests (PCR), number of individuals tested, individuals positive, positivity rate and rate per 100,000 population by year, 2015-2025, Wales

Year	Total HCV PCR Tests	Individuals tested for HCV PCR [*]	Individuals positive for HCV PCR [*]	% Positive (95% confidence interval) ^a	Individuals with first PCR positive	Rate per 100,000 population (95% confidence interval) ^a
2015	3,589	2,479	1,148	46.3 (44.4 - 48.3)	887	28.6 (26.8 - 30.6)
2016	5,392	2,706	1,356	50.1 (48.2 - 52.0)	785	25.2 (23.5 - 27.0)
2017	5,527	3,025	1,120	37.0 (35.3 - 38.8)	614	19.6 (18.2 - 21.3)
2018	4,285	2,874	900	31.3 (29.6 - 33.0)	557	17.7 (16.3 - 19.3)
2019	5,010	3,311	936	28.3 (26.8 - 29.8)	607	19.3 (17.8 - 20.8)
2020	2,928	2,242	472	21.1 (19.4 - 22.8)	286	9 (8.0 - 10.1)
2021	3,204	2,382	597	25.1 (23.4 - 26.8)	345	11.1 (10.0 - 12.3)
2022	3,921	2,828	574	20.3 (18.9 - 21.8)	345	11 (9.9 - 12.2)
2023	4,758	3,234	562	17.4 (16.1 - 18.7)	317	10 (9.0 - 11.2)
2024	5,621	3,765	561	14.9 (13.8 - 16.1)	330	10.4 (9.3 - 11.5)
2025	5,222	3,486	461	13.2 (12.1 - 14.4)	268	8.4 (7.5 - 9.5)

^a Confidence intervals calculated using the Wilson method.

^{*} Note: This may include tests for SVR after treatment.

Source: LIMS, 2026

Demographic profile

New HCV cases by age and sex

Table 16 provides an overview of the demographic profile of HCV cases in 2025. The highest number of new HCV cases were seen among the 35-44-year and 45-54-year age groups. Amongst individuals with first positive HCV-RNA results in 2025, 77.6% were males and 22.4% were females, giving a male to female broad ratio of 3:1.

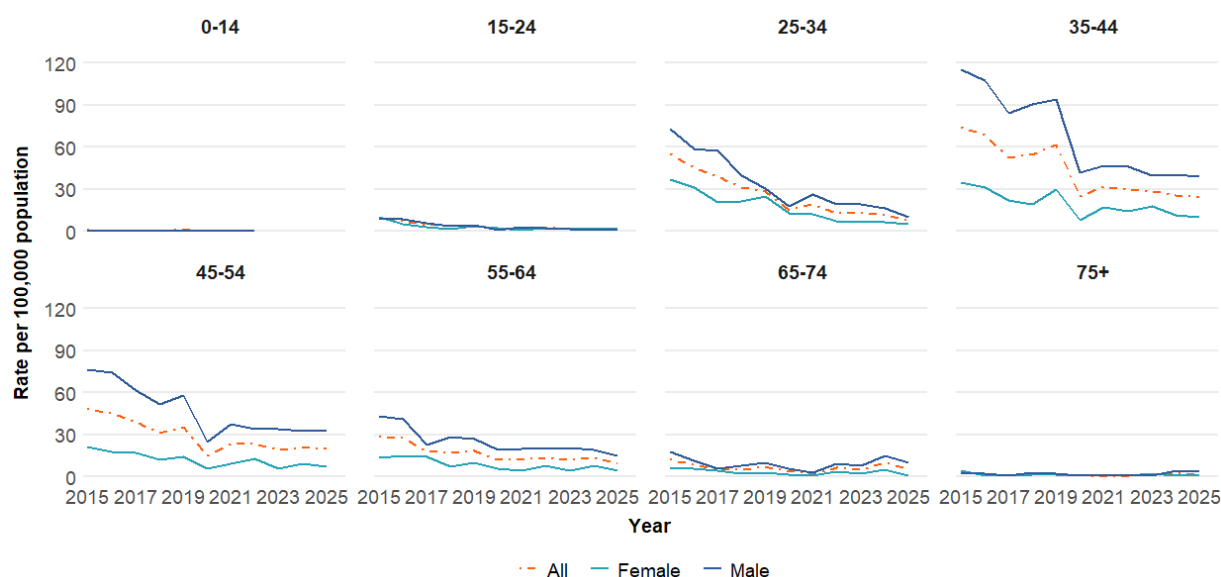
Table 16: Number of HCV-RNA (PCR) confirmatory tests, number of individuals tested, individuals HCV PCR positive, individuals first time HCV PCR positive and positivity rate, by age group and sex, 2025, Wales

Demographic	Total HCV PCR Tests	Individuals tested for HCV PCR	Individuals positive for HCV PCR	% Positive (95% confidence interval) ^a	Individuals with first PCR positive	Rate per 100,000 population (95% confidence interval) ^a
0-14	45	41	0	0.0 (0.0 - 8.6)	0	0 (0.0 - 0.8)
15-24	93	73	5	6.8 (3.0 - 15.1)	4	1.1 (0.4 - 2.7)
25-34	685	461	59	12.8 (10.1 - 16.2)	29	7.3 (5.1 - 10.5)
35-44	1,694	1,078	169	15.7 (13.6 - 18.0)	96	24.1 (19.8 - 29.5)
45-54	1,443	956	132	13.8 (11.8 - 16.1)	74	19.7 (15.7 - 24.7)
55-64	802	563	62	11.0 (8.7 - 13.9)	40	9.1 (6.7 - 12.4)
65-74	330	219	28	12.8 (9.0 - 17.9)	19	5.4 (3.5 - 8.4)
75+	129	94	6	6.4 (3.0 - 13.2)	6	1.8 (0.8 - 3.9)
Unknown Age	1	1	0	0.0 (0.0 - 79.3)	0	-
Females	1,494	1,080	107	9.9 (8.3 - 11.8)	60	3.7 (2.9 - 4.8)
Males	3,714	2,394	354	14.8 (13.4 - 16.3)	208	13.3 (11.6 - 15.3)
Unknown Sex	14	12	0	0.0 (0.0 - 24.2)	0	-

^a Confidence intervals calculated using the Wilson method.

Source: LIMS, 2026

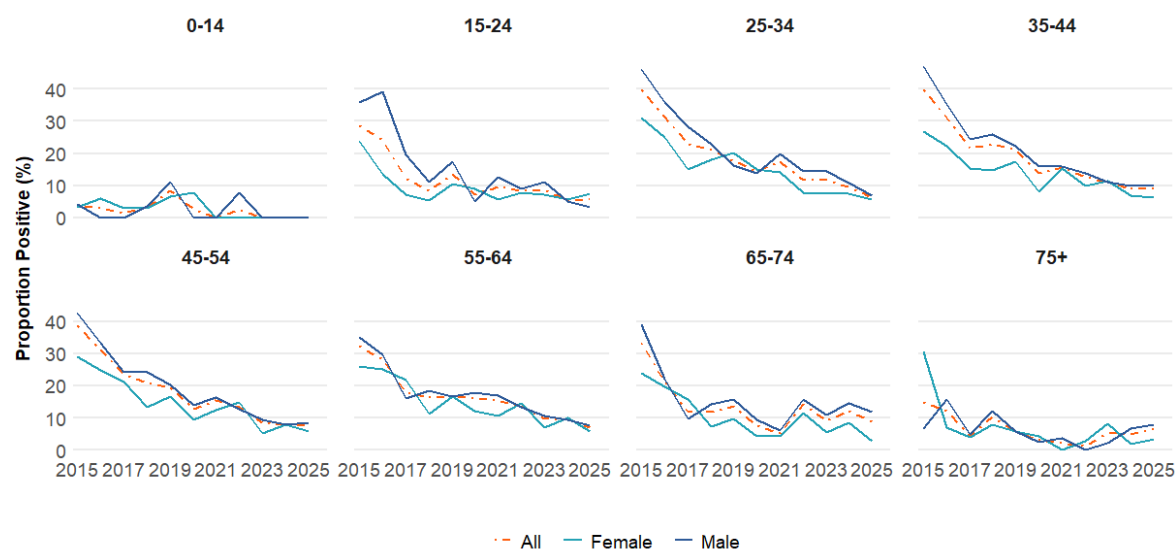
From 2015 to 2025, the newly diagnosed HCV case rate per 100,000 population (Figure 11) remained consistently low and stable among individuals aged under 25 years and above 64 years, with little to no difference observed between males and females. Among individuals whose age groups fall between 25 and 64 years, the rates per 100,000 population for new cases have fluctuated over the years, with a slight downward trend observed in more recent years, and higher rates seen in males compared to females (Figure 11).



Source: LIMS, 2026

Figure 11: Newly diagnosed HCV-RNA case rate per 100,000 population, by age group, sex and year, 2015-2025, Wales

The positivity rates (i.e., proportion HCV-RNA positive among those tested) from 2015 to 2025 for newly diagnosed HCV cases are presented in Figure 12. Over time and across the different age groups, these rates have fluctuated, with lower rates seen in more recent years. Across much of the last decade, higher positivity rates are observed among males compared to females.



N.B. History of prior infection has been established using all testing data since 2013. As such, data on people testing and tested positive in 2015 may be over-reported.

Source: LIMS, 2026

Figure 12: Positivity rate among individuals tested for HCV-RNA, by age group, sex and year, 2015-2025, Wales

New HCV cases by health board of residence

In 2025, the number of newly confirmed HCV cases varied across health boards (Table 17), with highest rates per 100,000 population in Swansea Bay UHB (11 per 100,000 population), followed by Cardiff and Vale and Cwm Taf Morgannwg UHBs

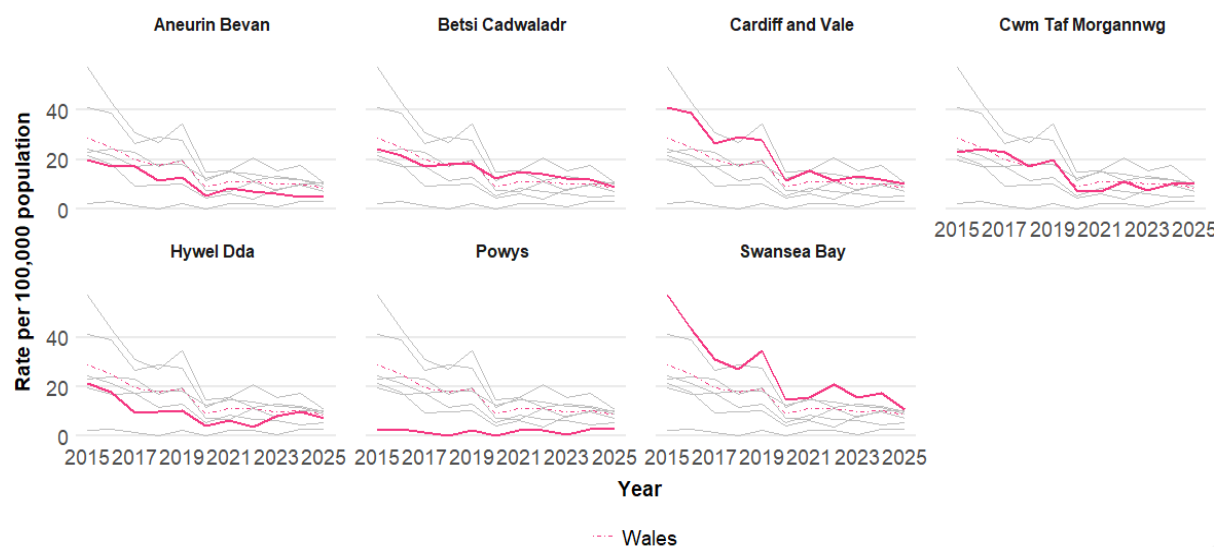
Table 17: Number of HCV-RNA (PCR) confirmatory tests, individuals HCV PCR tested, individuals HCV PCR positive, individuals with first positive and positivity rate (%), by health board of residence, 2025, Wales

Health board	Total HCV PCR Tests	Individuals tested for HCV PCR	Individuals positive for HCV PCR	% Positive (95% confidence interval) ^a	Individuals with first PCR positive	Rate per 100,000 population (95% confidence interval) ^a
Aneurin Bevan	446	328	46	14.0 (10.7 - 18.2)	32	5 (3.8 - 7.5)
Betsi Cadwaladr	1,381	889	98	11.0 (9.1 - 13.3)	63	9 (7.1 - 11.6)
Cardiff and Vale	1,117	739	113	15.3 (12.9 - 18.1)	52	10 (7.6 - 13.1)
Cwm Taf Morgannwg	822	597	83	13.9 (11.4 - 16.9)	47	10 (7.9 - 13.9)
Hywel Dda	299	202	51	25.2 (19.8 - 31.7)	28	7 (5.0 - 10.4)
Powys	18	14	4	28.6 (11.7 - 54.6)	4	3 (1.2 - 7.6)
Swansea Bay	1,139	717	66	9.2 (7.3 - 11.5)	42	11 (7.9 - 14.4)

^a Confidence intervals calculated using the Wilson method.

Source: LIMS, 2026

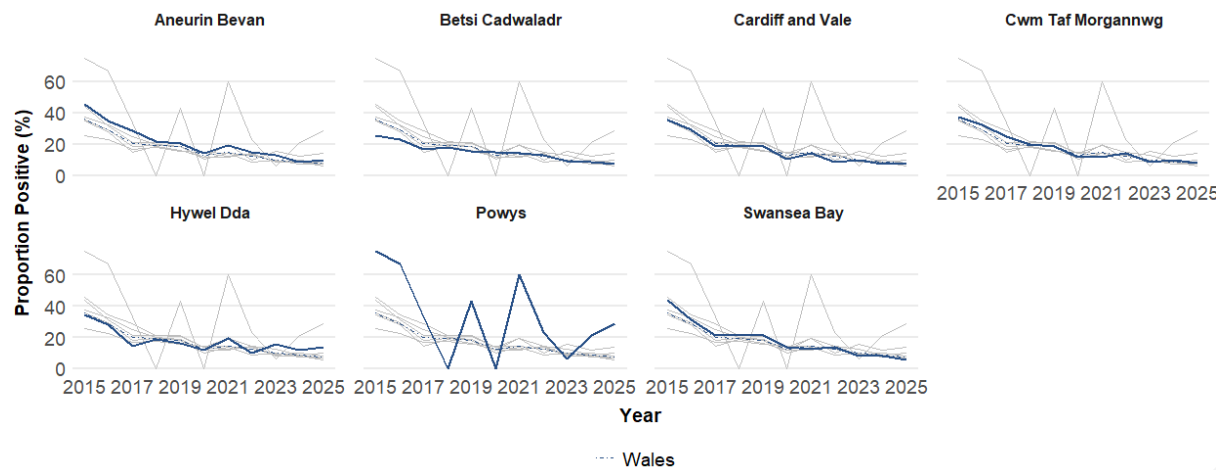
The trend in newly diagnosed HCV-RNA case rates per 100,000 population varied over time, 2015 to 2025, and across health boards with an overall downward trend observed in over recent years across all health boards except Powys (Figure 13). Powys' rates have remained relatively stable and low over time.



Source: LIMS, 2026

Figure 13: Newly diagnosed HCV-RNA cases rate per 100,000 population by health board and year, 2015-2025, Wales (Bold line indicates Health Board, dotted line indicates Wales average)

The positivity rates for HCV-RNA (i.e., proportion (%) positive among those tested) across health boards have varied over the years (Figure 14). Lower rates have been observed in more recent years compared to 2015 across all health boards.



Source: LIMS, 2026

Figure 14: Positivity rate of individuals tested for HCV-RNA, by health board of residence and year, 2015-2025 (Bold line indicates Health Board, dotted line indicates Wales average)

Test and Post service

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

It is not possible to identify those individuals who are newly diagnosed via the TAP service, as a proportion of those requesting a viral hepatitis self-test kit may have previously tested positive (HBsAg) or reactive (anti-HCV). Data quality issues remain in relation to unique patient identifiable data within TAP.

The number of individuals testing for HBsAg and anti-HCV via TAP decreased in 2025, compared to 2024 (6% and 8% respectively). The number of HBsAg positive individuals decreased by 17%, and the number anti-HCV reactive by 15%. However, the reactivity rate for anti-HCV has remained steady since 2022 (see Table 18).

The HBsAg positivity rate for those tested using TAP are consistently higher than positivity rates recorded for individuals tested across health and allied services which may be due to repeat testing via TAP in individuals already diagnosed with HBV infection but may also reflect the acceptability of low threshold self-testing over formal health service engagement. Further work is required to establish the extent of new diagnoses via TAP with further confirmatory testing within NHS laboratory data.

Table 18: Number of individuals tested for HBsAg and anti-HCV using the TAP service, and positivity/reactivity rates, by year, 2021-2025, Wales

Year	Individuals tested (HBsAg)	Number HBsAg positive	Positivity rate (95% CI) ^a	Individuals tested (anti-HCV)	Number anti-HCV reactive	Reactivity rate (95% CI)
2021	20,149	178	0.9 (0.8–1.0)	20,053	60	0.3 (0.2–0.4)
2022	23,159	260	1.1 (1.0–1.3)	23,028	57	0.2 (0.2–0.3)
2023	23,397	341	1.5 (1.3–1.6)	23,446	46	0.2 (0.1–0.3)
2024	23,579	368	1.6 (1.4–1.7)	23,740	53	0.2 (0.2–0.3)
2025	22,062	304	1.4 (1.2–1.5)	21,729	45	0.2 (0.2–0.3)

^aConfidence intervals calculated using the Wilson method.

Source: Test and Post Scheme (TAP), 2026

Demographic profile

TAP by age and gender

Testing via TAP is more frequent in females (53%) and younger people, with those aged under 35 years accounting for 67.4% of HBsAg tests and 66.7% of anti-HCV tests in 2025 (Table 19).

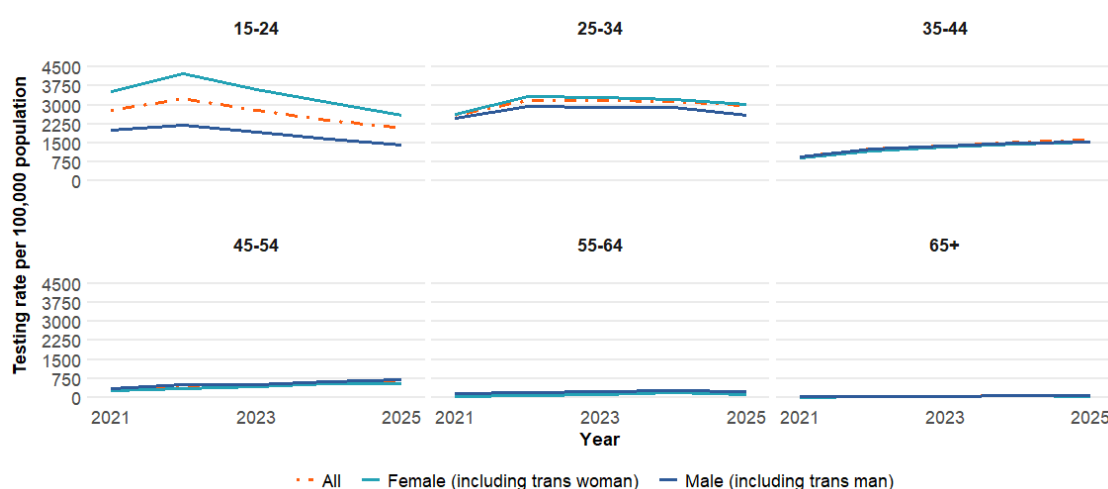
Table 19: Number of individuals tested for HBsAg and anti-HCV using the TAP service, and positivity/reactivity rates, by age group and gender, 2025, Wales

Demographic	HBsAg tested	HBsAg positive	Positivity (95% CI) ^a	Anti-HCV tested	Anti-HCV reactive	Reactivity (95% CI)
0-14	5	0	0.0 (0.0–43.4)	5	0	0.0 (0.0–43.4)
15-24	5,995	80	1.3 (1.1–1.7)	5,916	<5	0.1 (0.0–0.1)
25-34	8,859	100	1.1 (0.9–1.4)	8,751	15	0.2 (0.1–0.3)
35-44	4,683	85	1.8 (1.5–2.2)	4,592	15	0.3 (0.2–0.5)
45-54	1,746	28	1.6 (1.1–2.3)	1,719	7	0.4 (0.2–0.8)
55-64	599	<10	1.5 (0.8–2.8)	572	<5	0.3 (0.1–1.3)
65+	166	<5	1.2 (0.3–4.3)	164	<5	1.8 (0.6–5.2)
Unknown Age	9	0	0.0 (0.0–29.9)	10	0	0.0 (0.0–27.8)
Female (including trans woman)	11,865	185	1.6 (1.4–1.8)	11,673	<20	0.2 (0.1–0.2)
Male (including trans man)	9,091	101	1.1 (0.9–1.3)	8,969	24	0.3 (0.2–0.4)
Other	240	5	2.1 (0.9–4.8)	243	0	0.0 (0.0–1.6)
Unknown Gender	866	13	1.5 (0.9–2.6)	844	<5	0.4 (0.1–1.0)

^aCounts fewer than 5 have been masked as '<5'. Secondary suppression has been applied where required to prevent deductive disclosure, with suppressed values shown using the next rounded upper bound. Individuals identifying as non-binary, other or in another way have been grouped as 'Other' in table.

Source: Test and Post Scheme (TAP), 2026

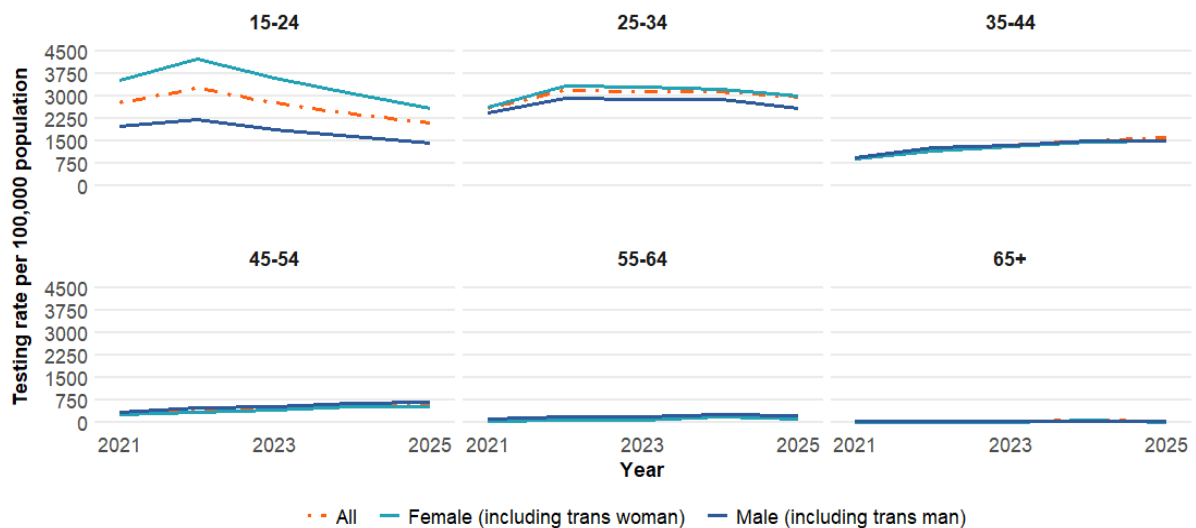
A decrease in the testing rate per 100,000 population was recorded for most age groups between 2024 and 2025 apart from those aged 35-54 years, where marginal increases were recorded (Figure 15). Those aged 15-24 years saw the biggest decrease in HBsAg testing rate per 100,000 population, reducing from 2,372 to 2,117 per 100,000 population between 2024 and 2025.



Source: Test and Post Scheme (TAP), 2026

Figure 15: HBsAg testing rate per 100,000 population for the TAP service, by age group, gender, and year 2021-2025, Wales

For anti-HCV, those aged between 15-24 years saw the largest decrease in testing rate per 100,000 population, dropping from 2,400 to 2,090 per 100,000 population between 2024 and 2025 (Figure 16).



Source: Test and Post Scheme (TAP), 2026

Figure 16: anti-HCV testing rate per 100,000 population for the TAP service by age group, gender, and year, 2021-2025, Wales

Age and sex profile of those with HBsAg positive / anti-HCV reactive result

The demographic profile of those receiving a positive or reactive hepatitis test result using the TAP service indicates that:

- HBsAg positivity was higher in females, and those aged between 55 and 64 years
- Anti-HCV reactivity rates were higher in males, and those 65 years or over

The HBsAg positivity rate remained stable in males and females aged 15-44 years between 2021 and 2024, with a decrease in positivity rate amongst males aged 15-34 years in 2025. The substantial variability in positivity rate in the older age groups should be treated with caution due to overall lower testing rates (Figure 17).



Source: Test and Post Scheme (TAP), 2026

Figure 17: HBsAg positivity rate (%) of individuals tested using the TAP service, by age group, sex, and year 2021-2025, Wales

As with HBsAg, the anti-HCV reactivity rate per 100,000 population was similar for males and females in those aged 15-44 years, remaining relatively stable over the previous five years. The substantial variability in reactivity rate in the older age groups should be treated with caution due to overall lower testing rates (Figure 18).



Source: Test and Post Scheme (TAP), 2026

Figure 18: Anti-HCV reactivity rate of individuals tested using the TAP service, by age group, gender, and year, 2021-2025, Wales

Testing and positivity by health board of residence

As seen in previous years, in 2025, testing for HBsAg and anti-HCV via the TAP service was most common in those resident within Cardiff and Vale UHB (Table 20). The highest HBsAg positivity rate was in Hywel Dda UHB at 2.0% (CI 1.5-2.6) and Cwm Taf Morgannwg UHB for anti-HCV at 0.3% (CI 0.1-0.6).

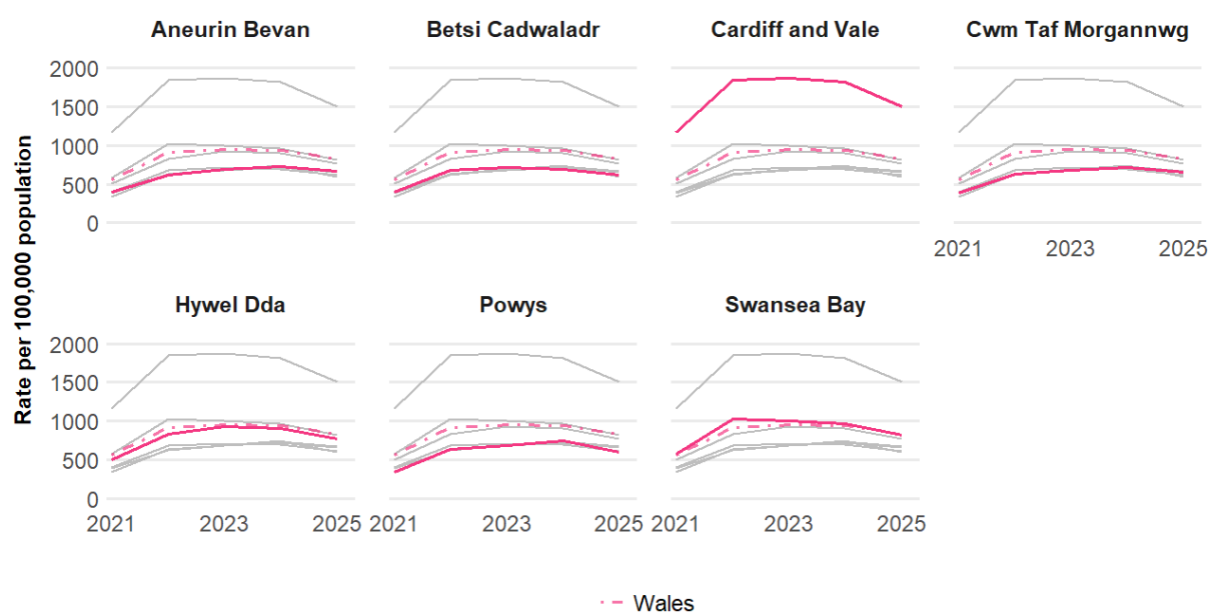
Table 20: Number of individuals tested for HBsAg and anti-HCV using the TAP service, and positivity/reactivity rates, by health board of residence, 2025

Health board	Individuals tested (HBsAg)	Number HBsAg positive	Positivity rate (95% CI) ^a	Individuals tested (anti-HCV)	Number anti-HCV reactive	Reactivity rate (95% CI)
Aneurin Bevan	3,165	47	1.5 (1.1–2.0)	3,123	6	0.2 (0.1–0.4)
Betsi Cadwaladr	3,467	52	1.5 (1.1–2.0)	3,397	9	0.3 (0.1–0.5)
Cardiff and Vale	5,961	74	1.2 (1.0–1.6)	5,891	7	0.1 (0.1–0.2)
Cwm Taf Morgannwg	2,280	27	1.2 (0.8–1.7)	2,248	6	0.3 (0.1–0.6)
Hywel Dda	2,409	49	2.0 (1.5–2.7)	2,362	<5	0.1 (0.0–0.4)
Powys	678	10	1.5 (0.8–2.7)	673	0	0.0 (0.0–0.6)
Swansea Bay	2,482	24	1.0 (0.7–1.4)	2,453	<5	0.2 (0.1–0.5)
Unknown	1,620	21	1.3 (0.8–2.0)	1,582	9	0.6 (0.3–1.1)
Wales	22,062	304	1.4 (1.2–1.5)	21,729	45	0.2 (0.2–0.3)

^aConfidence intervals calculated using the Wilson method.

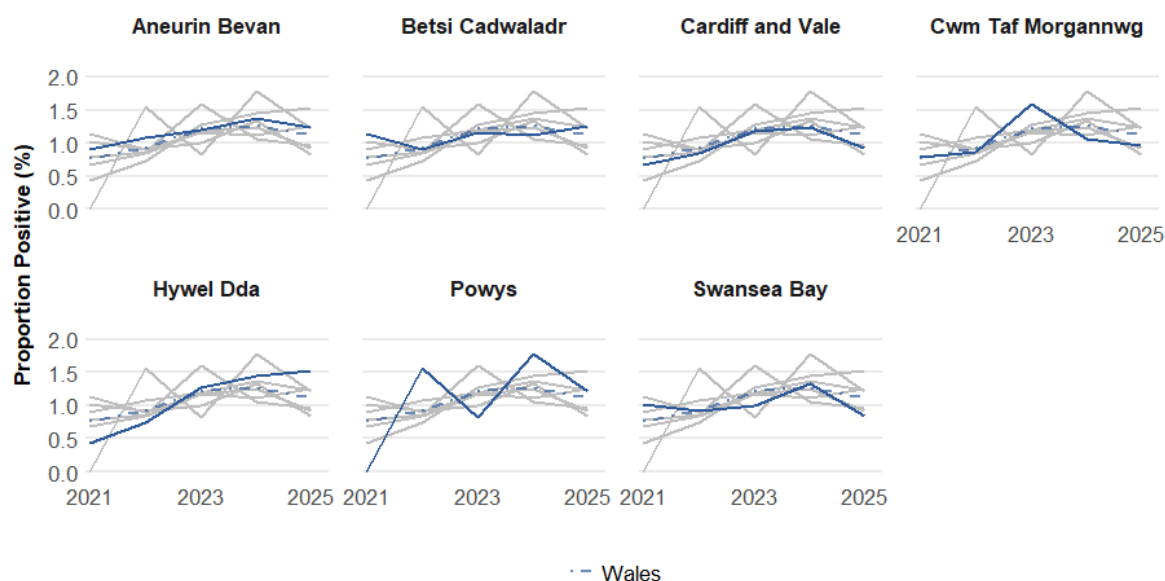
Source: Test and Post Scheme (TAP), 2026

The overall HBsAg testing rate per 100,000 population in Wales decreased from 2024-2025, which are reflected in the health board trends shown in Figure 19. HBsAg positivity rates varied by year and health board between 2021 and 2025, with all health boards seeing a decrease in 2025, except for Betsi Cadwaladr UHB (Figure 20).



Source: Test and Post Scheme (TAP), 2026

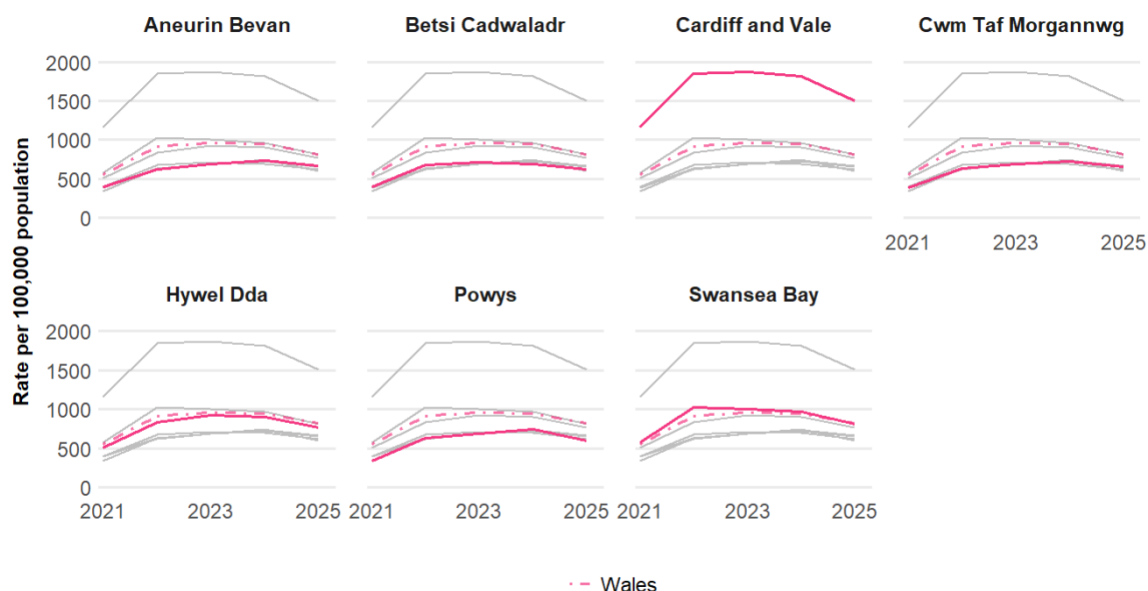
Figure 19: HBsAg testing rate per 100,000 population of individuals using the TAP service, by health board of residence, and year, 2021-2025, Wales (Bold line represents the Health Board and dotted line represents the Wales average)



Source: Test and Post Scheme, 2026

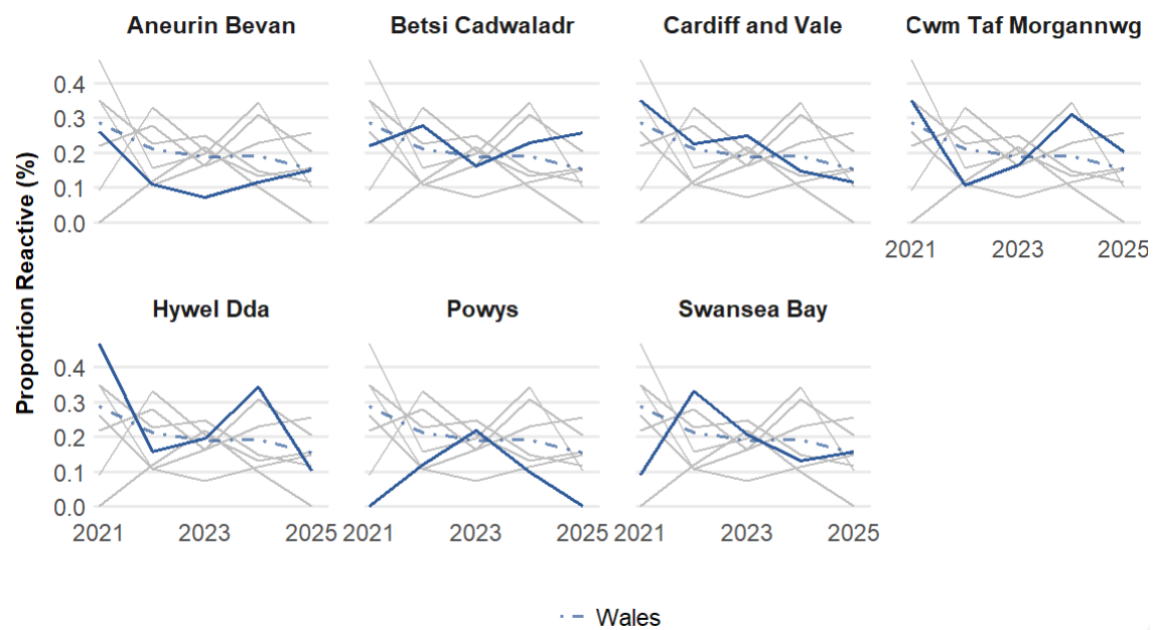
Figure 20: HBsAg positivity rate of individuals tested using the TAP service, by health board and year, 2021-2025, Wales (Bold line represents the Health Board and dotted line represents the Wales average).

Individuals' resident within Cardiff and Vale UHB consistently have the highest anti-HCV testing rate per 100,000 population (Figure 21). Reactivity rates were variable across all health boards between 2021 and 2025, with most health boards reporting a decrease in anti-HCV reactivity rates in 2025, compared to 2024, except for Aneurin Bevan and Swansea Bay UHBs (Figure 22).



Source: Test and Post Scheme (TAP), 2026

Figure 21: Anti-HCV testing rate per 100,000 population of individuals tested using the TAP service, by health board of residence, and year, 2021-2025, Wales (Bold line represents the Health Board and dotted line represents the Wales average)



Source: Test and Post Scheme (TAP), 2026

Figure 22: Anti-HCV reactivity of individuals tested using the TAP service, by health board of residence and year, 2021-2025, Wales (Bold line represents the Health Board and dotted line represents the Wales average)

Sexual health clinical services

IMPORTANT NOTE ON DATA COMPLETENESS:

There have been substantial changes in the provision and processing of STI data derived from sexual health clinics and the Test and Post service in Wales over the last year. Data are presented here for the period 2015-2025 and replace previously published reports. In addition, ongoing systematic data issues within Cardiff and Vale University Health Board (CVUHB) have resulted in underreporting of clinical data for 2025. Whilst this impacts health board level and Wales trend data, sensitivity analysis indicates that the overall trend in the reduction of all STIs in Wales in 2025 compared to the previous year remains a clear finding, and all previous year's data is complete. As such, caution should be taken when interpreting recent CVUHB and all Wales trend data and all may be subject to change in future reports.

Individuals attending sexual health clinics (SHCs) may be offered testing for HBV and HCV if symptomatic or at risk of infection. A total of 7,622 individuals were tested in 2025. This was the highest recorded number of individuals tested. (Table 21).

Table 21: Number of individuals tested at sexual health clinics for HBsAg and anti-HCV, positivity/reactivity rates, by year, 2015-2025, Wales.

Year	Individuals tested	Number HBsAg positive	Positivity rate (95% CI) ^a	Number anti-HCV reactive	Reactivity rate (95% CI)
2015	1,880	20	1.1 (0.7–1.6)	35	1.9 (1.3–2.6)
2016	2,514	29	1.2 (0.8–1.7)	35	1.4 (1.0–1.9)
2017	3,399	20	0.6 (0.4–0.9)	35	1.0 (0.7–1.4)
2018	3,708	14	0.4 (0.2–0.6)	20	0.5 (0.3–0.8)
2019	4,994	13	0.3 (0.2–0.4)	20	0.4 (0.3–0.6)
2020	2,891	7	0.2 (0.1–0.5)	12	0.4 (0.2–0.7)
2021	2,825	6	0.2 (0.1–0.5)	19	0.7 (0.4–1.0)
2022	4,268	11	0.3 (0.1–0.5)	8	0.2 (0.1–0.4)
2023	4,951	13	0.3 (0.2–0.4)	11	0.2 (0.1–0.4)
2024	6,556	14	0.2 (0.1–0.4)	11	0.2 (0.1–0.3)
2025	7,622	20	0.3 (0.2–0.4)	5	0.1 (0.0–0.2)

^aConfidence intervals calculated using the Wilson method.

Source: SWS, 2026

Of the 7,622 individuals tested in SHCs in 2025, 20 individuals were HBsAg positive, the highest number recorded since 2016, and 5 individuals were anti-HCV reactive, a decrease from 2024 and the lowest figure since 2016. Anti-HCV reactivity was also at a 10-year low.

Testing and positivity / reactivity rates by age and sex

The age and sex profile of individuals tested and positive/reactive within SHCs in 2025 is shown in Table 22. Amongst individuals tested for HBV and HCV in sexual health services, a higher proportion were male (63.0%), and the highest proportion of tests were amongst those aged 25-34 years (32.4%). In 2025, HBsAg positivity rates were higher in males and those aged 35-44 years and anti-HCV reactivity rates were higher in males and those aged 50-59 years.

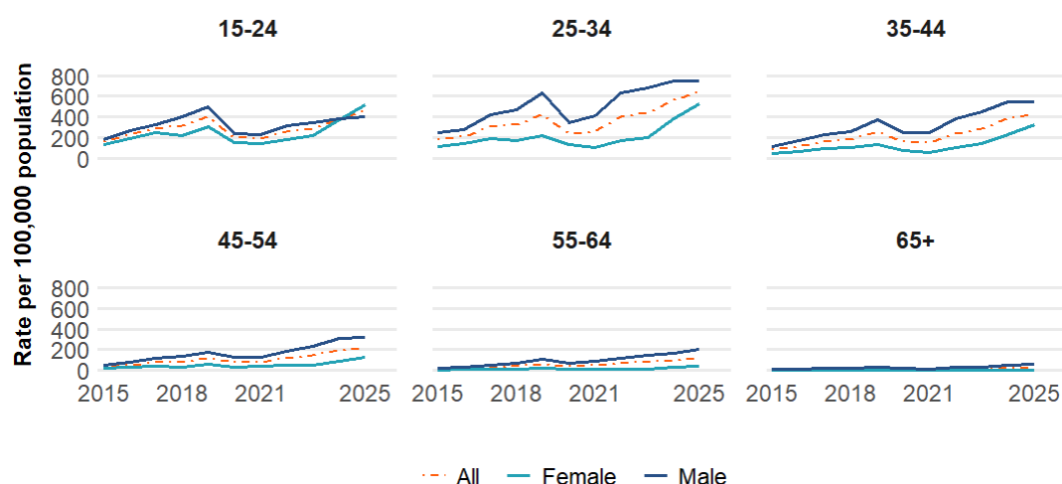
Table 22: Number of individuals tested in sexual health clinics for HBsAg and anti-HCV, and positivity/reactivity rates, by age and sex, in year 2025.

Demographic	Individuals tested	HBsAg positive	Positivity (95% CI) ^a	Anti-HCV reactive	Reactivity (95% CI)
0-14	31	0	0.0 (0.0–11.0)	0	0.0 (0.0–11.0)
15-24	1,743	5	0.3 (0.1–0.7)	0	0.0 (0.0–0.2)
25-34	2,548	<5	0.1 (0.0–0.3)	<5	0.0 (0.0–0.2)
35-44	1,731	9	0.5 (0.3–1.0)	<5	0.1 (0.0–0.4)
45-54	834	<5	0.2 (0.1–0.9)	<5	0.1 (0.0–0.7)
55-64	521	<5	0.2 (0.0–1.1)	<5	0.2 (0.0–1.1)
65+	214	0	0.0 (0.0–1.8)	0	0.0 (0.0–1.8)
Female	3,055	9	0.3 (0.2–0.6)	<5	0.0 (0.0–0.2)
Male	4,539	11	0.2 (0.1–0.4)	<5	0.1 (0.0–0.2)
Unknown	28	0	0.0 (0.0–12.1)	0	0.0 (0.0–12.1)

^aConfidence intervals calculated using the Wilson method. Counts fewer than 5 have been masked.

Source: SWS, 2026

The rate per 100,000 population of individuals tested for HBV and HCV, by age and sex, can be seen in Figure 23.



Source: SWS, 2026

Figure 23: HBsAg and anti-HCV testing rate per 100,000 population in sexual health clinics, by age group, sex, and year, 2015-2025, Wales.

The testing rate per 100,000 population for HBV and HCV increased across all age groups between 2015 and 2025. The highest testing rate per 100,000 population has consistently been in those aged 25-34 years. In 2025, more males were tested than females in all age groups except for the 15–24-year age group.

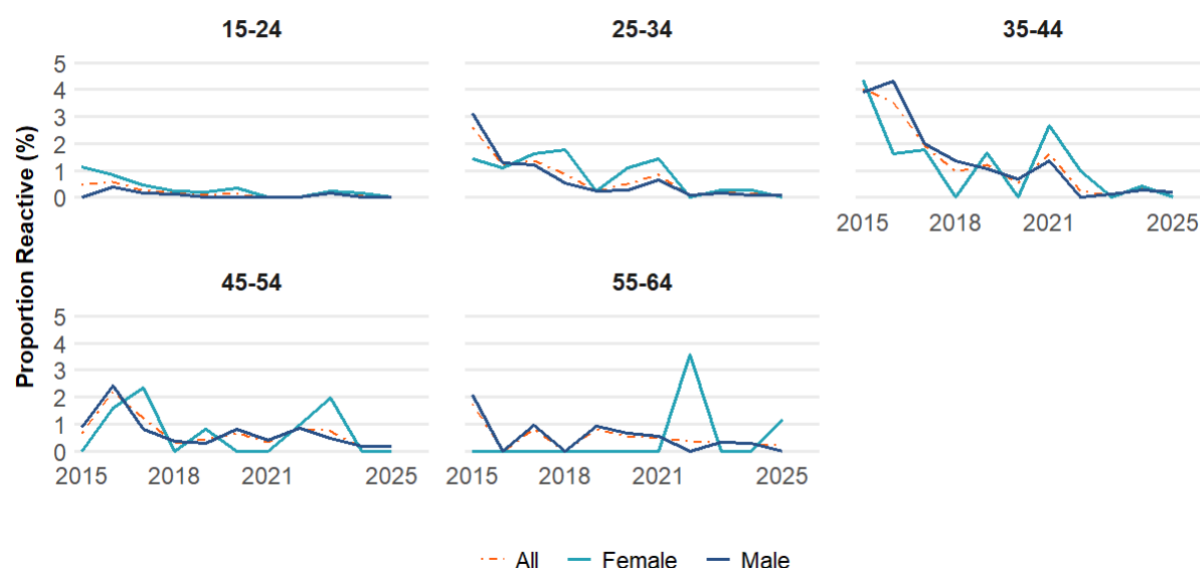
Positivity/reactivity for HBsAg and anti-HCV, by age and sex over time, can be seen in Figure 24.



Source: SWS, 2026

Figure 24: HBsAg positivity of individuals tested in sexual health clinics, by age group, sex, and year, 2015-2025

Overall, HBsAg positivity decreased across all ages between 2015 and 2025. Anti-HCV reactivity rates have decreased across the majority of age groups between 2015 and 2025 (Figure 25). The substantial variability in positivity rate trends, particularly in older age groups should be treated with caution due to testing rates.



*65+ age category removed from figure due to low numbers

Figure 25: Anti-HCV reactivity of individuals tested in sexual health clinics, by age group, sex, and year, 2015-2025, Wales

Testing and positivity /reactivity rates by Health Board of residence

HBsAg testing positivity rates were variable across health boards between 2015 and 2025 with most health boards seeing a decline in HBsAg rates per 100,000 population over the decade. However, the rate of positive HBsAg per 100,000 population rates increased in 2025.

Health boards saw an overall decline in anti-HCV rates per 100,000 population between 2015 and 2025, apart from Swansea Bay UHB, which recorded an increase and subsequent decrease in 2024 and 2025 respectively.

Prisons

Individuals in prison are considered an at-risk group for contracting viral hepatitis (HBV and/or HCV) due to social and health risk behaviours within community and prison environments. There are six male-only prisons in Wales, and no female prisons. Details of each prison can be found in Appendix N.

The age range of individuals tested for HBV and HCV is shown in Table 23, and may resemble the age profile of all individuals in the prison at the time as routine opt-out testing is standard procedure.

Table 23: Median age and age range of individuals tested for BBVs, by prison, 2025.

Prison	Median age (range)
HMP Berwyn	36 (18-102)
HMP Parc	35 (15-88)
HMP Cardiff	36 (19-70)
HMP Swansea	35 (18-69)
HMP Usk	46 (22-90)
HMP Prescoed	36 (19-77)
All	36 (15-102)

Source: LIMS, 2026

Testing for hepatitis B and hepatitis C by prison in Wales

Testing for HBsAg and anti-HCV in prisons has generally increased over time, excluding 2020-2022, though in 2025, a slight decrease has been recorded, primarily due to reduced testing within HMP Cardiff. The total number of tests conducted in each prison can be found in Appendix O. Work is ongoing to identify the number of unique individuals being admitted into prisons, and to better understand re-testing within a prisons setting. The total number of individuals tested in each prison in Wales over time can be found in Table 24.

Table 24: Number of individuals tested for hepatitis B (HBsAg) and hepatitis C (anti-HCV and HCV PCR) by prison, type of test, and year, Wales¹⁵

Test	Requesting site	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Hepatitis B Surface Antigen (HBsAg)	HMP Berwyn	0	0	292	663	981	470	1,066	1,402	3,809	4,578	4,415
	HMP Parc	630	981	1,471	1,011	1,255	483	205	607	737	2,235	2,983
	HMP Cardiff	351	1,109	1,433	1,208	1,364	533	652	307	205	1,237	219
	HMP Swansea	77	135	246	241	290	48	43	56	66	258	582
	HMP Usk	73	261	76	255	300	114	224	158	192	261	210
	HMP Prescoed	105	117	201	323	375	203	275	239	294	271	210
	Total	1,233	2,562	3,699	3,659	4,482	1,837	2,450	2,750	5,279	8,645	8,428
Hepatitis C Antibody (Anti-HCV)	HMP Berwyn	0	0	295	667	982	456	1,066	1,371	3,794	4,567	4,412
	HMP Parc	632	988	1,472	1,015	1,255	482	201	608	743	2,237	2,983
	HMP Cardiff	352	1,110	1,433	1,200	1,361	531	648	303	203	1,236	219
	HMP Swansea	83	139	253	237	260	46	41	56	65	258	582
	HMP Usk	74	257	76	256	299	115	225	158	192	263	210
	HMP Prescoed	101	119	199	323	376	203	276	240	294	271	210
	Total	1,239	2,573	3,708	3,656	4,450	1,819	2,443	2,718	5,266	8,637	8,425
Hepatitis C PCR	HMP Berwyn	0	0	<25	37	138	146	201	277	477	658	554
	HMP Parc	51	51	77	65	99	59	47	183	82	177	229
	HMP Cardiff	52	120	148	157	194	77	70	102	56	180	44
	HMP Swansea	25	41	56	58	190	54	62	58	62	70	74
	HMP Usk	0	5	0	<5	<5	<5	<5	<5	<5	<5	<5
	HMP Prescoed	6	6	<5	<10	<20	<10	<20	<10	<15	<10	<5
	Total	132	221	300	327	628	345	392	606	677	1,068	893

Source: LIMS, 2026

Diagnosis - Hepatitis B (HBsAg)

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

Diagnosis - Hepatitis C

Anti-HCV reactivity in the overall Welsh prison population has fluctuated slightly between 2015 and 2025, ranging from 7.1% to 11.0% (Table 25), substantially higher than the overall Wales reactivity rate of 2.2%. Since 2022, the number of individuals receiving an anti-HCV reactive result increased by 1.3% while the number of individuals tested increased by 2.1%.

¹⁵ Individuals were identified using patient ID and request location. Tests extracted from LIMS were HBsAg, anti-HCV, HCV PCR and HIV Ag/Ab. Only those tested with a positive or negative result were included - tests with a result of "Not tested", "Insufficient to test", "Invalid", "Inhibitory" or "Result to follow" were excluded.

Table 25: Number of Individuals tested within Welsh prisons and reactivity/positivity rate (%) for anti-HCV and HCV-RNA, by test, prison, and year.

Test	Requesting site	Number reactive/positive (% reactivity/positivity)										
		2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Hepatitis C Antibody (Anti-HCV)	HMP Berwyn	-	-	28 (9.5)	56 (8.4)	95 (9.7)	44 (9.6)	97 (9.1)	105 (7.7)	265 (7.0)	331 (7.2)	321 (7.3)
	HMP Parc	52 (8.2)	62 (6.3)	115 (7.8)	36 (3.5)	52 (4.1)	33 (6.8)	16 (8.0)	111 (18.3)	58 (7.8)	148 (6.6)	200 (6.7)
	HMP Cardiff	54 (15.3)	143 (12.9)	200 (14.0)	138 (11.5)	176 (12.9)	78 (14.7)	78 (12.0)	41 (13.5)	40 (19.7)	129 (10.4)	31 (14.2)
	HMP Swansea	24 (28.9)	32 (23.0)	62 (24.5)	38 (16.0)	38 (14.6)	15 (32.6)	<5 (7.3)	6 (10.7)	8 (12.3)	26 (10.1)	55 (9.5)
	HMP Usk	0 (0.0)	<5 (1.6)	<5 (1.3)	<5 (1.2)	<5 (0.7)	<5 (0.9)	<5 (0.9)	<5 (1.3)	<5 (0.5)	<5 (1.1)	<5 (0.5)
	HMP Prescoed	5 (5.0)	<5 (3.4)	<10 (2.5)	<10 (1.9)	<15 (2.7)	<10 (3.0)	8 (2.9)	<5 (0.8)	<10 (2.4)	<5 (1.5)	<5 (1.0)
	Total	134 (10.8)	243 (9.4)	409 (11.0)	275 (7.5)	371 (8.3)	177 (9.7)	203 (8.3)	266 (9.8)	376 (7.1)	628 (7.3)	602 (7.1)
Hepatitis C PCR	HMP Berwyn	-	-	<15 (45.5)	<20 (40.5)	20 (14.5)	41 (28.1)	56 (27.9)	62 (22.4)	76 (15.9)	89 (13.5)	50 (9.0)
	HMP Parc	28 (54.9)	32 (62.7)	37 (48.1)	18 (27.7)	34 (34.3)	<15 (20.3)	10 (21.3)	35 (19.1)	15 (18.3)	21 (11.9)	28 (12.2)
	HMP Cardiff	41 (78.8)	82 (68.3)	78 (52.7)	91 (58.0)	73 (37.6)	30 (39.0)	26 (37.1)	29 (28.4)	17 (30.4)	47 (26.1)	7 (15.9)
	HMP Swansea	<15 (56.0)	24 (58.5)	37 (66.1)	32 (55.2)	65 (34.2)	16 (29.6)	22 (35.5)	17 (29.3)	20 (32.3)	19 (27.1)	13 (17.6)
	HMP Usk	-	<5 (60.0)	-	0 (0.0)	<5 (25.0)	0 (0.0)	<5 (33.3)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
	HMP Prescoed	<5 (33.3)	<10 (83.3)	<5 (100.0)	<5 (11.1)	<5 (6.7)	<5 (22.2)	<5 (6.7)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
	Total	84 (63.6)	144 (65.2)	162 (54.0)	157 (48.0)	193 (30.7)	100 (29.0)	116 (29.6)	141 (23.3)	125 (18.5)	172 (16.1)	98 (11.0)

Source: LIMS, 2026

A total of 98 individuals tested HCV RNA positive (PCR) in 2025, representing a decrease of 43% on the previous year and the lowest number of newly diagnosed individuals since 2016. The HCV PCR positivity rate was the lowest recorded in 2025, following a steady and consistent year on year decline since 2015. However, caution is advised in interpretation of trends due to stated reduction in testing in 2025. In addition, due to the mobility of individuals across the prison estate (England and Wales) and over time, alongside substantial variation in the duration of incarceration and low numbers of seroconversion, robust incidence rates are not available.

Substance misuse and allied services

Testing in substance misuse and allied services

Routine opt-out BBV testing (HBV, HCV and HIV) on at least an annual basis is recommended for all those in contact with substance misuse and allied services including supported housing and homelessness services and community-based criminal justice services.^{16,17} People who inject drugs, currently or ever, represent those at highest risk of HCV infection. The Harm Reduction Database Wales (HRD) provides a system for recording harm reduction activity in substance misuse and allied services across Wales, including testing and diagnosis of viral hepatitis.

BBV testing coverage within Substance Misuse Treatment Services (KPI6)

In 2025-26, there were a total of 15,567 individuals in contact with substance misuse treatment services and recorded on the Welsh National Database for Substance Misuse (WNDSM) and requiring annual routine opt-out BBV testing in Wales. Across Wales in 2025-26, testing coverage for those currently engaged with these services was 39.5%, up from 26.6% in 2024-25 with substantial geographic variation by Health Board of residence (Table 26).

¹⁶ Welsh Government. 2017. [Welsh Health Circular WHC/2017/048](#)

¹⁷ BBV screening data capture commenced in April 2016, however, HCV-RNA confirmatory testing from a dried blood spot test was initiated in 2018. Since 2016 does not represent a complete year of testing, data is reported from 2017 onward.

Table 26: Hepatitis C testing coverage of individuals engaged with substance misuse treatment services by Local Authority and Substance Misuse Area Planning Board 2025-26

Local Authority	Blood Borne Virus (BBV) KPI - 2025/26				
	No. of current clients on WNDSM	No. offered HCV test	% offered HCV test	No. HCV tested and matched to WNDSM	% HCV tested & matched to WNDSM (KPI)
	(a)	(b)	(c)	(d)	(e)
Neath Port Talbot (1)	654	290	44.3	240	36.7
Swansea (1)	1,119	612	54.7	600	53.6
Western Bay	1,773	902	50.9	840	47.4
Cardiff	2,227	1,065	47.8	822	36.9
Vale of Glamorgan	552	476	86.2	457	82.8
Cardiff and Vale	2,779	1,541	55.5	1,279	46.0
Bridgend (1)	249	106	42.6	102	41.0
Merthyr	677	245	36.2	233	34.4
RCT	1,861	705	37.9	648	34.8
Cwm Taf Morgannwg	2,787	1,056	37.9	983	35.3
Carmarthenshire	636	727	114.3	636	100.0
Ceredigion	343	149	43.4	142	41.4
Pembrokeshire	383	80	20.9	77	20.1
Dyfed	1,362	956	70.2	855	62.8
Blaenau Gwent	334	145	43.4	137	41.0
Caerphilly	778	379	48.7	368	47.3
Monmouthshire	310	149	48.1	133	42.9
Newport	861	394	45.8	367	42.6
Torfaen	351	179	51.0	173	49.3
Gwent	2,634	1,246	47.3	1,178	44.7
Conwy	588	73	12.4	72	12.2
Denbighshire	416	202	48.6	187	45.0
Flintshire	750	30	4.0	29	3.9
Gwynedd	810	115	14.2	110	13.6
Wrexham	574	172	30.0	154	26.8
Ynys Mon	560	199	35.5	123	22.0
North Wales	3,698	791	21.4	675	18.3
Powys	534	422	79.0	344	64.4
Powys	534	422	79.0	344	64.4
Wales	15,567	6,914	44.4	6,154	39.5

(a) Number of records open i.e. no discharge date as at 1st April 2025

(b) Number of records showing on the harm reduction database where last declined date or last test date is in 2025/26 and there is a corresponding record on the Welsh National Database for Substance Misuse (WNDSM). An individual may be offered a test more than once.

(c) Number offered / Current Client * 100

(d) Number of records showing on the harm reduction database where last test date is in 2025/26 and there is a corresponding record on the Welsh National Database for Substance Misuse (WNDSM)

(e) Number tested and matched / Current Clients * 100

(1) The agencies within these areas are in the process of transitioning to the WCCIS system. This has impacted on their ability to submit data.

Source: HRD and WNDSM, DCHW, 2026

Diagnosis in substance misuse and allied services

HBsAg

Across Wales in every year 2016-2025, <1% of individuals engaged with substance misuse and allied services tested for HBsAg received a positive result.

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

Across all substance misuse (SMS) and allied services in Wales in 2025, the proportion of anti-HCV reactivity was 5.9% (Table 27) sustaining a declining trend since 2022 (16.0%). Amongst individuals tested for anti-HCV with no prior history of infection, reactivity has also declined steadily since 2022, from 12.0% to 3.1% in 2025. The decline in reactivity rates may be largely due to an increase in the number of individuals tested, as the number of individuals with a reactive result remains relatively consistent with previous years.

Table 27: HCV testing outcomes of substance misuse and allied service clients by year

Year	Individuals tested for anti-HCV ^a	Anti-HCV reactive (% reactive)	Individuals tested for anti-HCV with no prior infection ^a	Newly anti-HCV reactive (% reactive)	Individuals tested for HCV-RNA ^a	HCV-RNA positive (% positive)	Individuals tested for HCV-RNA with no prior infection ^a	Newly HCV-RNA positive (% reactive)
2017	1,336	241 (18)	1,336	241 (18)	281	108 (38.4)	281	108 (38.4)
2018	2,527	455 (18)	2,497	419 (16.8)	532	128 (24.1)	499	107 (21.4)
2019	3,475	584 (16.8)	3,391	483 (14.2)	1,218	223 (18.3)	1,116	175 (15.7)
2020	1,096	143 (13)	1,073	107 (10)	362	63 (17.4)	298	45 (15.1)
2021	1,508	201 (13.3)	1,447	146 (10.1)	737	104 (14.1)	602	64 (10.6)
2022	2,582	414 (16)	2,499	299 (12)	1,224	148 (12.1)	1,017	104 (10.2)
2023	5,487	660 (12)	5,268	407 (7.7)	2,194	224 (10.2)	1,697	126 (7.4)
2024	5,798	530 (9.1)	5,599	306 (5.5)	2,127	168 (7.9)	1,610	89 (5.5)
2025	7,329	435 (5.9)	7,143	220 (3.1)	1,952	149 (7.6)	1,372	69 (5)

^a With valid test result recorded on the HRD

Source HRD, 2026

The number of individuals tested for HCV-RNA declined slightly in 2025 compared to the previous two years. HCV-RNA positivity has continuously declined since 2020 from 17.4% to 7.6% amongst all individuals tested, and from 15.1% to 5.0% for individuals testing positive for the first time.

Compared to all individuals with a valid anti-HCV test performed in SMS and allied services, in 2025 anti-HCV reactivity was over four times higher amongst those identified as people who inject drugs (PWID), the population at highest risk of HCV infection and transmission (Table 28). HCV-RNA positivity was over two times higher in this group compared to all individuals tested in SMS and allied services in 2025. N.B. data quality issues remain in the consistent reporting of injecting drug use status for all individuals engaged with SMS and allied services. As such, current and historic injecting drug use status may be under-reported.

Table 28: HCV testing outcomes of current and recent ex-PWID (injected in last 12 months) injecting psychoactive drugs, by year

Year	Total tested for anti-HCV ^a	Anti-HCV reactive (% reactivity)	Total tested for HCV-RNA ^a	HCV-RNA positive (% positivity)
2017	288	103 (35.8)	80	38 (47.5)
2018	857	282 (32.9)	168	71 (42.3)
2019	875	326 (37.3)	409	149 (36.4)
2020	267	59 (22.1)	113	34 (30.1)
2021	335	70 (20.9)	206	47 (22.8)
2022	389	111 (28.5)	281	47 (16.7)
2023	518	152 (29.3)	425	71 (16.7)
2024	461	105 (22.8)	356	52 (14.6)
2025	596	147 (24.7)	441	70 (15.9)

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

Source HRD, 2026

HCV Testing and diagnosis by age group and sex

In 2025, individuals aged between 35-44 years received the highest number of anti-HCV and HCV-RNA tests compared to other age groups, both overall as well as amongst individuals with no prior history of infection (Table 29). However, anti-HCV reactivity was highest amongst individuals aged between 45-54 years while HCV-RNA positivity was highest in the 35-44 age group for all individuals tested, and 55-64 years for individuals testing positive for the first time in 2025.

Table 29: Number of substance misuse and allied service clients tested for anti-HCV, number tested for HCV-RNA, and reactivity/positivity rates, by age group and sex, in year 2025

Demographic ^a	Individuals tested for anti-HCV ^b	Anti-HCV reactive (% reactive)	Individuals tested for anti-HCV with no prior infection ^b	Newly anti-HCV reactive (% reactive)	Individuals tested for HCV-RNA ^b	HCV-RNA positive (% positive)	Individuals tested for HCV-RNA with no prior infection ^b	Newly HCV-RNA positive (% reactive)
15-24	545	<5	545	<5	65	<5	65	<5
25-34	1,380	46 (3.3)	1,356	22 (1.6)	290	21 (7.2)	233	9 (3.9)
35-44	2,155	142 (6.6)	2,100	66 (3.1)	691	59 (8.5)	455	22 (4.8)
45-54	1,712	159 (9.3)	1,645	84 (5.1)	582	48 (8.2)	386	21 (5.4)
55-64	911	66 (7.2)	879	37 (4.2)	265	17 (6.4)	182	13 (7.1)
65+	621	20 (3.2)	614	10 (1.6)	57	<5	50	<5
Female	2,499	131 (5.2)	2,445	70 (2.9)	609	44 (7.2)	419	22 (5.3)
Male	4,821	303 (6.3)	4,690	149 (3.2)	1,340	105 (7.8)	951	46 (4.8)

^a Trans individuals have been removed from this table due to low numbers

^b With valid test result recorded on the HRD

Source HRD, 2026

Nearly twice the number of males were tested compared to females, however, the differences in reactivity and positivity are small. Anti-HCV reactivity was slightly higher amongst males, including those tested with no previous infection. HCV-RNA positivity was slightly higher amongst males for all individuals tested for HCV-RNA. However, HCV-RNA positivity amongst those with no prior infection was slightly higher (5.3%) amongst females. This may indicate a need to improve testing amongst females.

Amongst individuals reporting recent injecting of psychoactive substances, a similar trend was observed with the highest testing observed in individuals aged between 34-44 years,

but the highest anti-HCV reactivity observed in the 45-54 age group. However, the highest HCV-RNA positivity was observed in the 25-34 age group.

Within this PWID population nearly three times the number of males received an anti-HCV test compared to females (Table 30). There were slightly higher anti-HCV reactivity rates amongst females (24.8%) than males (24.6%). Twice the number of males received an HCV-RNA test and positivity rates were higher in males than females.

Table 30: HCV testing outcomes of current and recent ex-PWID (injected in last 12 months) injecting psychoactive drugs, by age group and sex, in year 2025

Demographic ^a	Total tested for anti-HCV ^b	Anti-HCV reactive (% reactivity)	Total tested for HCV-RNA ^b	HCV-RNA positive (% positivity)
25-34	86	20 (23.3)	49	11 (22.4)
35-44	238	54 (22.7)	191	32 (16.8)
45-54	211	49 (23.2)	149	25 (16.8)
55-64	48	20 (41.7)	37	<5
65+	8	<5	10	<5
Female	153	38 (24.8)	149	21 (14.1)
Male	443	109 (24.6)	292	49 (16.8)

^a Individuals under 25 have been removed from this table due to low numbers

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

Source HRD, 2026

A more detailed demographic and risk profile for all individuals receiving an anti-HCV test in 2025 is shown in Table 31.

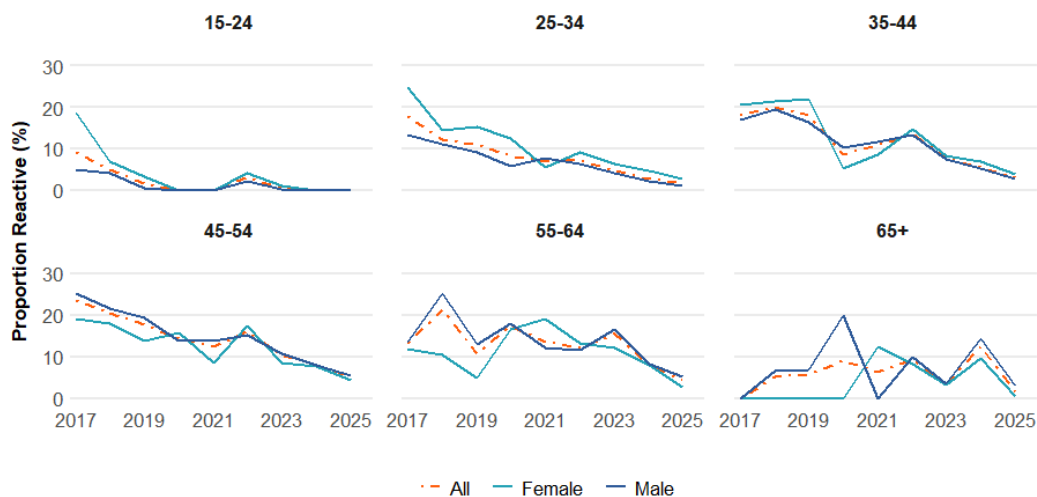
Table 31: Proportion of individuals receiving HCV testing with substance misuse and allied services, proportion anti-HCV reactive by demographics and risk factors, 2025

	Demographic / Risk factor group	Individuals tested for anti-HCV			Individuals anti-HCV reactive				
		Individuals with response	Individuals in group	(%)	Individuals tested with valid anti-HCV results	Individuals anti-HCV reactive	(%)	Individuals with first anti-HCV reactive result	(%)
All clients tested	All clients tested	7,826	7,826	100.0	7303	400	5.5	214	2.9
Age	Under 25 years	7,826	548	7.0	548	<5	-	<5	-
	25-49 years	7,826	4,862	62.1	4492	252	5.6	133	3
	50 years and over	7,826	2,416	30.9	2263	147	6.5	81	3.6
Sex	Male	7,826	5,153	65.8	4808	283	5.9	147	3.1
	Female	7,826	2,668	34.1	2490	117	4.7	67	2.7
Substance Use	Ever used drugs ^a	5,674	3,016	53.2	2615	242	9.3	105	4
	Ever injected drugs ^a	5,536	1,217	22.0	926	184	19.9	72	7.8
	Injected drugs in last 12 months ^a	5,451	870	16.0	654	131	20	44	6.7
Substances injected (in the last 12 months)	Injected stimulants	926	368	39.7	368	82	22.3	21	5.7
	Injected opioids	926	527	56.9	527	120	22.8	39	7.4
	Injected stimulants and opioids	926	308	33.3	308	71	23.1	16	5.2
	Injected IPEDs	926	90	9.7	90	<5	-	<5	-
Length of injecting career	New initiate (<36 months)	926	52	5.6	52	8	15.4	<5	-
	3-10 years	926	187	20.2	187	24	12.8	8	4.3
	>10 years	926	407	44.0	407	94	23.1	30	7.4
Frequency of injecting	Injects daily	926	435	47.0	435	91	20.9	28	6.4
	Does not inject daily	926	346	37.4	346	59	17.1	21	6.1
Prison	Ever been in prison ^a	5,453	1,074	19.7	852	118	13.8	44	5.2
	Ever used drugs in prison	794	290	36.5	290	49	16.9	12	4.1
	Ever injected in prison	794	21	2.6	21	7	33.3	<5	-
Sexual History	Had sex in last 12 months ^a	5,440	2,421	44.5	2205	121	5.5	52	2.4
Social economic profile	Non-stable housing (including NFA)	3,906	853	21.8	853	78	9.1	37	4.3
	No fixed abode (NFA)	3,906	475	12.2	475	44	9.3	22	4.6
	Unemployment	2,092	1,318	63.0	1318	122	9.3	38	2.9

^a Refers to primary risk factor questions on the HRD

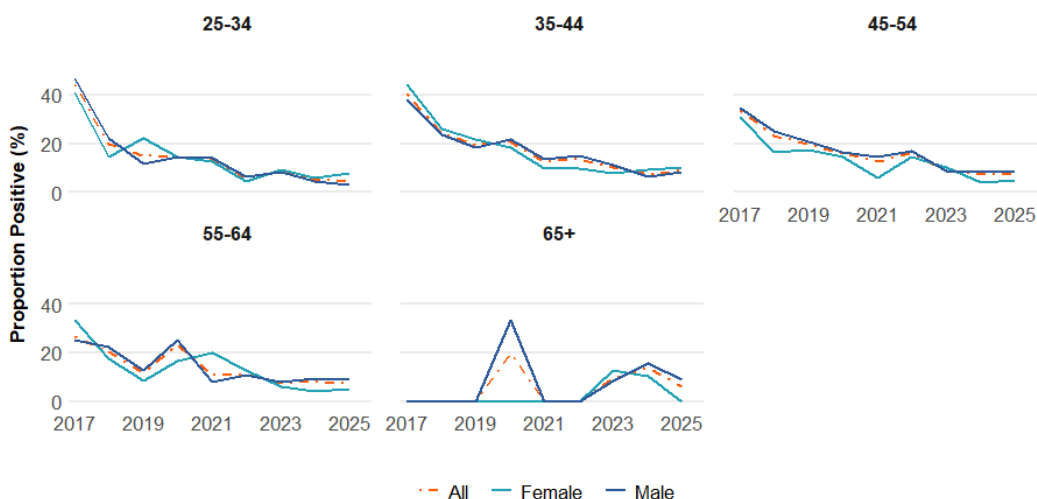
Source HRD, 2026

The anti-HCV reactivity rate (proportion (%) of tests reactive) and the HCV-RNA positivity rate, in those with no previous history infection, is shown in Figure 26 and Figure 27 by age group and sex. In 2025, anti-HCV reactivity rates declined across all age groups within each sex, which may be associated with the increase in the total number of individuals tested. However, slight increases in HCV-RNA positivity rates were observed in individuals in the 35-44 and 45-54 age groups, with females also showing an increase in positivity within the 25-34 age group.



Source HRD, 2026

Figure 26: Anti-HCV reactivity rate of substance misuse and allied service clients tested, with no prior history of infection, by age group, sex, and year of testing, 2017-2025, Wales



^a Individuals aged 15-24 have been removed from figure (b) due to low numbers

Source HRD, 2026

Figure 27: HCV-RNA positivity rate of substance misuse and allied service clients tested, with no prior history of infection, by age group^a, sex, and year of testing, 2017-2025, Wales

HCV testing and diagnosis by health board of residence

The number of individuals tested in SMS and allied services in 2025 and associated anti-HCV reactivity and HCV-RNA positivity varied by health board of residence (Table 32). Swansea Bay UHB tested the highest number of individuals for anti-HCV followed by Aneurin Bevan UHB, both overall and amongst individuals with no prior history of infection. In 2025, the Wales average anti-HCV reactivity rate was 5.9% in all individuals tested within SMS and allied services, and 3.1 in those with no prior history of infection. The highest anti-HCV reactivity rates were observed in Betsi Cadwaladr and Cwm Taf Morgannwg UHBs, while the lowest rates were observed in Powys THB and Aneurin Bevan UHB.

Table 32: Number of substance misuse and allied service clients tested for anti-HCV, number tested for HCV-RNA, and reactivity/positivity rates, by health board of residence, 2025, Wales

Health board ^a	Individuals tested for anti-HCV ^b	Anti-HCV reactive (% reactive)	Individuals tested for anti-HCV with no prior infection ^b	Newly anti-HCV reactive (% reactive)	Individuals tested for HCV-RNA ^b	HCV-RNA positive (% positive)	Individuals tested for HCV-RNA with no prior infection ^b	Newly HCV-RNA positive (% reactive)
Aneurin Bevan	1,725	43 (2.5)	1,712	21 (1.2)	154	18 (11.7)	56	6 (10.7)
Betsi Cadwaladr	728	66 (9.1)	715	46 (6.4)	108	30 (27.8)	56	17 (30.4)
Cardiff and Vale	1,161	61 (5.3)	1,142	30 (2.6)	427	24 (5.6)	373	8 (2.1)
Cwm Taf Morgannwg	978	84 (8.6)	942	48 (5.1)	752	21 (2.8)	706	11 (1.6)
Hywel Dda	240	<15	239	<15	37	<5	32	<5
Powys	259	<5	256	<5	20	<5	13	<5
Swansea Bay	2,213	163 (7.4)	2,112	64 (3)	453	51 (11.3)	135	25 (18.5)
Wales	7,329	435 (5.9)	7,143	220 (3.1)	1,952	149 (7.6)	1,372	69 (5)

^a Any unknown health boards of residence have been estimated as the health board of test. Individuals residing outside of Wales have been excluded from this table.

^b With valid test result recorded on the HRD

Source HRD, 2026

Cwm Taf Morgannwg UHB had the highest number of individuals tested for HCV-RNA in 2025, followed by Swansea Bay and Cardiff and Vale UHBs. The Wales average HCV-RNA positivity rate was 7.6% in 2025. With one of the lowest number of individuals tested, the highest positivity was observed in Betsi Cadwaladr UHB at 27.8% overall and 30.4% amongst individuals with no previous infection.

Amongst current or recent ex-PWID (injected psychoactive substances in the last 12 months), anti-HCV and HCV-RNA tests were highest in Cardiff and Vale, Cwm Taf Morgannwg, and Aneurin Bevan UHBs. Anti-HCV reactivity was highest in Swansea Bay UHB at 34.4% while HCV-RNA positivity was highest in Betsi Cadwaladr UHB at 27.9% (Table 33). ***Differences in testing and outcomes in this PWID group may be due to inconsistent collection of risk factor data / data quality issues by services across health boards and should therefore be interpreted with caution.***

Table 33: HCV testing outcomes of current and recent ex-PWID (injected psychoactive substances in last 12 months), by health board of residence, 2025, Wales

Health Board	Total tested for anti-HCV ^a	Anti-HCV reactive (% reactivity)	Total tested for HCV-RNA ^a	HCV-RNA positive (% positivity)
Aneurin Bevan	112	17 (15.2)	54	10 (18.5)
Betsi Cadwaladr	56	16 (28.6)	43	12 (27.9)
Cardiff and Vale	134	36 (26.9)	105	19 (18.1)
Cwm Taf Morgannwg	122	33 (27)	101	11 (10.9)
Hywel Dda	22	<5	8	<5
Powys	28	<5	6	<5
Swansea Bay	122	42 (34.4)	124	15 (12.1)
Wales	596	147 (24.7)	441	70 (15.9)

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

Source HRD, 2026

Since 2017, SMS and allied services in the majority of health boards have seen a decline in the proportion of individuals receiving a first anti-HCV reactive or HCV-RNA positive result, with some fluctuation over the years (Figure 28 and Figure 29). In 2025, Cardiff and Vale UHB saw a slight increase in anti-HCV reactivity compared to the previous year, although

the rate remains lower than most previous years. All other health boards saw a decrease with the majority seeing the lowest reactivity rate since 2017, apart from Hywel Dda UHB.

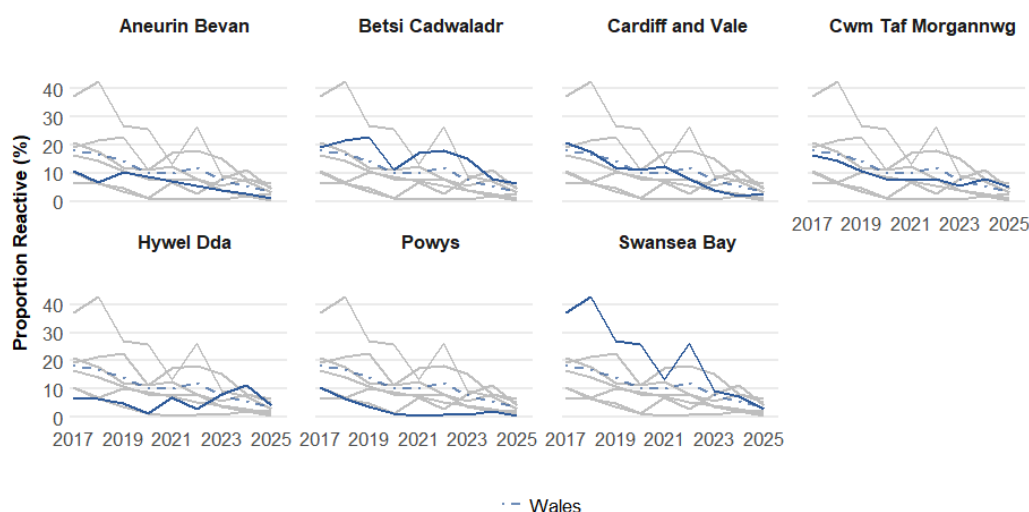
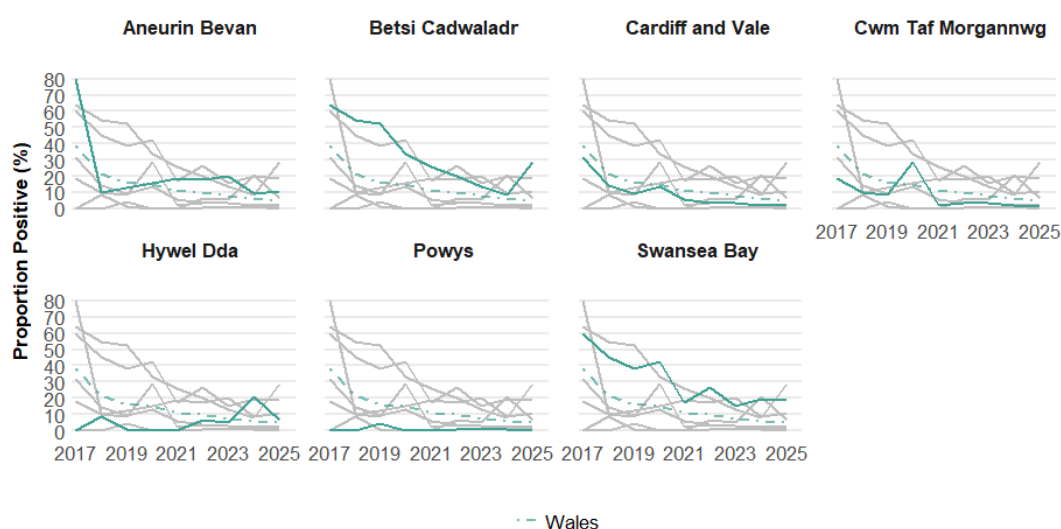


Figure 28: Anti-HCV reactivity rate of substance misuse and allied service clients tested, with no prior history of infection, by health board of residence and year of test, 2017-2025, Wales (Bold line indicates Health Board, dotted line indicates Wales average)



Source HRD, 2026

Figure 29: HCV-RNA positivity rate of substance misuse and allied service clients tested with no prior history of infection, by health board and year of test, 2017-2025 (Bold line indicates Health Board, dotted line indicates Wales average)

HCV-RNA positivity has generally declined since 2017 amongst individuals tested in SMS and allied services, however Aneurin Bevan, Betsi Cadwaladr, and Cardiff and Vale saw an increase in positivity in 2025 compared to the previous year. The increase in positivity was pronounced in Betsi Cadwaladr, rising from its lowest point of 8.2% in 2024 to 28.6% in 2025, the highest it has been since 2020.

Treatment

Hepatitis B (HBV)

Currently in Wales there is no national patient management system to allow routine reporting of those in active treatment and monitoring over time. Clinical treatment is provided in line with best practice and national guidelines.

Hepatitis C (HCV)

Wales – all HCV-RNA positive cases

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

Between 2015-2025, a total of 5,341 individuals have been diagnosed with chronic HCV infection requiring treatment, including those diagnosed with HM Prisons and specialist substance misuse and allied services.

A total of 3,912 unique individuals have initiated treatment since 2015, which may include individuals diagnosed prior to 2015. Table 34 summarises the total number of individuals testing positive for HCV-RNA in year, the number of individuals referred into treatment, and treatment initiation.^{18,19,20}

Table 34: Number of individuals HCV-RNA positive, referred into treatment, and commencing HCV treatment by year 2015-2025, Wales

Year	HCV-RNA positive	Referred ^a	Referred and never started treatment	Started treatment	Started treatment for first time ^b
2015	1,148	183	108	130	129
2016	1,356	267	143	616	604
2017	1,120	273	141	547	509
2018	900	392	161	560	537
2019	936	358	111	501	469
2020	472	204	67	261	232
2021	597	353	81	455	402
2022	574	415	80	294	236
2023	562	431	82	373	296
2024	561	508	137	366	277
2025	461	309	59	269	195

^a Referral date not consistently recorded prior to 2022.

^b First treatment has been established using all available treatment data; however, records are likely incomplete prior to 2015.

Source: LIMS, Health Board clinical teams, HCV e-form WCP, 2026

¹⁸ N.B. The individuals referred into treatment or initiating treatment in a given year should not be assumed to be the same individuals as those diagnosed HCV-RNA positive in that year. Treatment referrals and initiations are also not linked in this table and therefore are assigned to their respective years.

¹⁹ N.B. May include individuals who are deceased or have relocated outside of Wales.

²⁰ Due to data quality issues and changes in data access this data may be subject to change and differ from previous publications – See Appendix B.

Individuals starting treatment within HM Prisons in Wales are included in the treatment counts for the respective health board, accounting for 208 individuals since 2015.

HCV Diagnosis, referral and treatment initiation by age group and sex

Diagnoses, referrals, and treatment initiations were more common amongst males and individuals aged between 35-44 in 2025 (Table 35). Trends by age group and sex for individuals starting treatment are shown in Table 36.²¹

Table 35: Number of HCV-RNA positive individuals, and number of individuals commencing HCV treatment, by age group and sex, 2025, Wales

Demographic ^a	HCV-RNA positive	Referred	Referred and never started treatment	Started treatment	Started treatment for first time
25-34	60	24	<5	28	15
35-44	171	103	11	103	71
45-54	132	93	15	82	58
55-64	63	45	9	41	37
65-74	28	20	6	11	11
75+	6	10	<5	<5	<5
Female	107	65	10	63	47
Male	354	232	37	206	148

^a Individuals aged under 25 have been removed due to low numbers.

Source: LIMS, HCV e-form WCP, 2026

Table 36: Number of individuals commencing HCV treatment, by age group, sex, and year 2015-2025, Wales

Demographic	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
15-24	<5	12	15	9	7	5	5	<5	<5	<5	<5
25-34	11	92	111	98	100	49	89	48	63	60	28
35-44	24	156	183	194	175	85	150	114	139	131	103
45-54	35	193	140	149	118	72	129	82	90	95	82
55-64	41	115	70	77	65	34	62	34	58	49	41
65-74	16	33	17	22	25	14	12	8	17	22	11
75+	<5	7	<5	5	7	<5	<5	<5	0	<5	<5
Unknown age	0	8	<5	7	<5	<5	<5	0	0	0	0
Female	20	99	102	82	84	64	101	71	102	83	63
Male	56	264	270	329	280	145	284	223	271	283	206
Unknown sex	54	253	175	149	137	52	70	0	0	0	0

Source: Health Board clinical teams and HCV e-form WCP, 2026

HCV Diagnosis, referral and treatment initiation by Health Board of residence

The number of individuals diagnosed, referred, and initiating treatment varied by health board of residence in 2025, with Cardiff and Vale having the highest numbers of each (Table 37).²² Betsi Cadwaladr had the highest number of individuals starting treatment for the first time, with nearly all treatment initiations occurring amongst individuals with no previous history of treatment. This likely corresponds to a higher number of new HCV-RNA

²¹ Age group was not available where date of birth was missing (<1%).

²² Numbers may differ slightly from previous reports due to a change in methodology of classifying health boards.

positive cases in this health board, although cases represented in this table are not linked across years and new treatment initiations may represent individuals diagnosed in previous years.

Table 37: Number of individuals HCV-RNA positive, and number of individuals commencing HCV treatment, by health board of residence, 2025, Wales

Health board ^a	HCV-RNA positive	Referred	Referred and never started treatment	Started treatment	Started treatment for first time
Aneurin Bevan	31	32	7	29	23
Betsi Cadwaladr	60	60	8	61	56
Cardiff and Vale	110	115	7	75	40
Cwm Taf Morgannwg	68	35	11	30	26
Hywel Dda	45	19	9	16	14
Swansea Bay	64	36	<5	59	34

^a Individuals residing in Powys THB have been removed due to low numbers. 108 individuals were HCV-RNA positive with an unknown health board at time of test, but with a valid health board recorded in the treatment data.

Source: LIMS, HCV e-form WCP, 2026

The number of individuals commencing treatment over time, by health board of residence, is shown in Table 38.

Table 38: Number of individuals commencing HCV treatment, by health board of residence and year, 2015-2025, Wales

Health board ^{a,b}	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Aneurin Bevan	13	103	132	76	44	15	134	32	57	48	29
Betsi Cadwaladr	24	115	105	120	122	49	62	57	91	73	61
Cardiff and Vale	39	114	131	167	133	94	103	81	91	97	75
Cwm Taf Morgannwg	17	72	51	85	55	27	18	18	24	27	30
Hywel Dda	18	69	59	32	40	12	17	5	13	26	16
Powys	0	7	0	6	6	7	8	<5	<5	11	0
Swansea Bay	18	66	58	74	101	59	100	98	96	81	59
Unknown	0	71	12	<5	0	0	17	0	<5	0	0

^a Due to non-standardised recording of treatment prior to 2022, health board numbers for 2015-2021 should be interpreted cautiously as health board of residence was often not available.

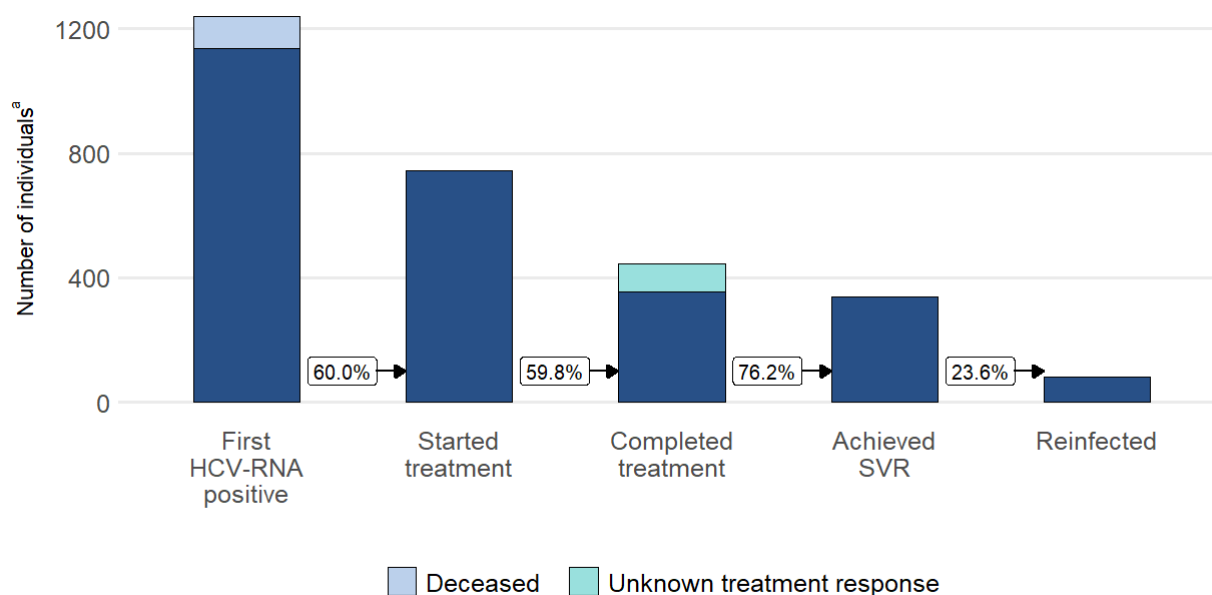
^b Individuals residing outside of Wales have been removed from this table due to low numbers.

Source: Health Board clinical teams and HCV e-form WCP, 2026

HCV care cascade

Figure 30 outlines the HCV care cascade for individuals diagnosed between 2022 and 2025 and recorded in the HCV e-form Welsh Clinical Portal with an NHS number, or other reliable person-identifiable data where NHS number was not available.²³ Individuals were further matched with ONS data to determine mortality.

²³ These individuals have been matched between LIMS testing data and HCV e-form treatment data and therefore represent the same individuals diagnosed where identifiable information was available to link between the datasets, unlike previous tables which show unlinked data. Work is ongoing to improve treatment data quality.



^aIndividuals missing NHS number and/or name and date of birth in any dataset are excluded from this figure.

Source: LIMS, HCV e-form WCP, ONS, 2026

Figure 30: HCV care cascade for individuals diagnosed with HCV between 2022 and 2025, combined

Of the 1,241 individuals who tested HCV-RNA positive for the first time, 744 have initiated treatment and 104 (8.4%) are deceased. 445 of those who initiated treatment had a valid treatment completion date, with a further 339 identified as having achieved SVR following treatment completion while 90 (20.2%) did not have a valid treatment outcome recorded. Of those who achieved SVR, 80 have since tested HCV-RNA positive, implying a reinfection. Health board level counts at each step of the care cascade are available in Appendix Q.

HCV treatment initiation amongst those engaged with substance misuse services

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

Since 2017, a total of 720 unique individuals diagnosed in SMS and allied services commenced treatment, where records could be linked. This represents approximately a quarter of individuals receiving HCV treatment over this period. Table 39 shows the number of individuals diagnosed in SMS and allied services and the proportion subsequently starting treatment, by year of diagnosis.

Table 39: Number of substance misuse and allied services clients testing positive for HCV-RNA, and number and proportion commencing HCV treatment, by year 2017-2025, Wales

Year	Individuals positive for HCV-RNA ^a	Individuals starting treatment ^a	% Positive individuals starting treatment
2017	104	72	69.2
2018	122	82	67.2
2019	214	137	64.0
2020	58	39	67.2
2021	100	67	67.0
2022	141	114	80.9
2023	207	152	73.4
2024	138	97	70.3
2025	125	72	57.6

^a Where NHS numbers were available in both the HRD and WCP e-form for matching at a patient-level.

Source: HRD and HCV e-form WCP, 2026

In 2025, there were more diagnoses and treatment initiations amongst SMS and allied service clients in the 35-44 age group. However, individuals aged between 45-54 had a greater proportion of individuals positive for HCV-RNA who initiated treatment. Table 40 shows the profile of diagnosis and treatment in SMS and allied services by age and sex in 2025.

Table 40: Number of substance misuse and allied services clients testing positive for HCV-RNA, and number and proportion commencing HCV treatment, by age group and sex, in year 2025

Demographic	Individuals positive for HCV-RNA ^a	Individuals starting treatment ^a	% Positive individuals starting treatment
25-34	18	11	61.1
35-44	51	29	56.9
45-54	41	24	58.5
55-64	16	10	62.5
Female	38	19	50
Male	88	54	61.4

^a Where NHS numbers were available in both the HRD and WCP e-form for matching at a patient-level.

Source: HRD and HCV e-form WCP, 2026

There was some variation between health boards in treatment initiations among individuals diagnosed in SMS and allied services. Swansea Bay had the highest number and proportion of individuals diagnosed and initiating treatment in 2025 (Table 41), while the lowest number and proportion was observed in Powys.

Table 41: Number of substance misuse and allied services clients testing positive for HCV-RNA, and number and proportion commencing HCV treatment, by health board, 2025, Wales

Health board ^a	Individuals positive for HCV-RNA ^b	Individuals starting treatment ^b	% Positive individuals starting treatment
Aneurin Bevan	17	10	58.8
Betsi Cadwaladr	26	13	50
Cardiff and Vale	17	12	70.6
Cwm Taf Morgannwg	21	8	38.1
Swansea Bay	43	38	88.4
Wales	125	79	63.2

^a Hywel Dda and Powys have been excluded from this table due to low numbers.

^b Where NHS numbers were available in both the HRD and WCP e-form for matching at a patient-level.

Source: HRD and HCV e-form WCP, 2026

Mortality

This section of the report details mortality data for Hepatitis B virus (HBV) and Hepatitis C virus (HCV) in Wales from 2015 to 2025. HBV and HCV-related mortality data for Wales comes from the Office for National Statistics (ONS) Mortality Dataset. Diagnoses are identified using ICD-10 codes associated with Hepatocellular Carcinoma (HCC) and End-Stage Liver Disease (ESLD) (see Appendix R: Mortality ICD-10 codes and methods). Due to the small number of deaths, figures are presented at a national level. Please note that mortality data are based on the year of death registration rather than the year of death.

6.1 HBV-related Mortality

Wales has had very low numbers of HBV-related deaths since 2015 with 21 deaths recorded overall, of which the majority were male and 52.4% (11) occurred in those aged 65 or over (mean age of 62.5 years). Of all health boards, Cardiff and Vale recorded the highest number of HBV-related deaths over the period (7; 33.3%). Between 2015 and 2025, the annual mortality rate related to HBV ranged from 0.03 to 0.1 deaths per 100,000 population.

6.2 HCV-related Mortality

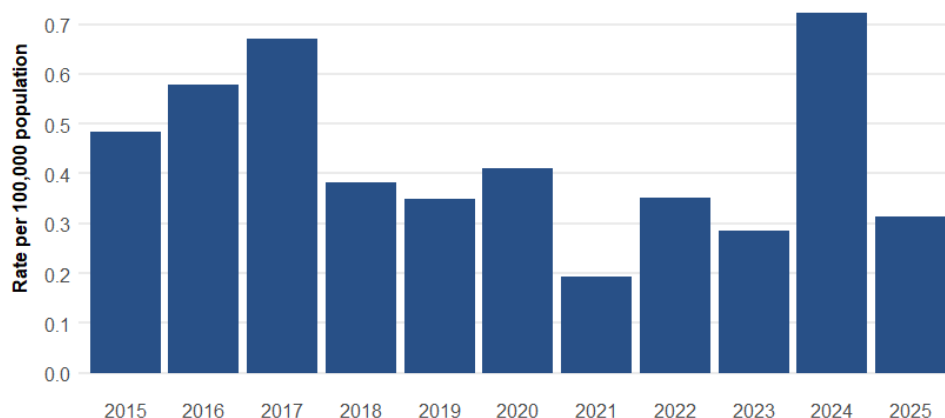
There have been 149 deaths related to HCV in total between 2015 and 2025, with the highest number of annual deaths being registered in 2024 (Table 42). The majority of deaths within this period have been amongst males, 81.9% (122) and 73.2% (109) occurred in those aged 55 or over (mean age of 62 years). Of all health boards, Cardiff and Vale UHB recorded the highest number of HCV-related deaths over the period (30; 20.1%).

Table 42: Number of deaths related to HCV, by year of registration of death

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Number of deaths	15	18	21	12	11	13	6	11	9	23	10

Source: ONS, 2026

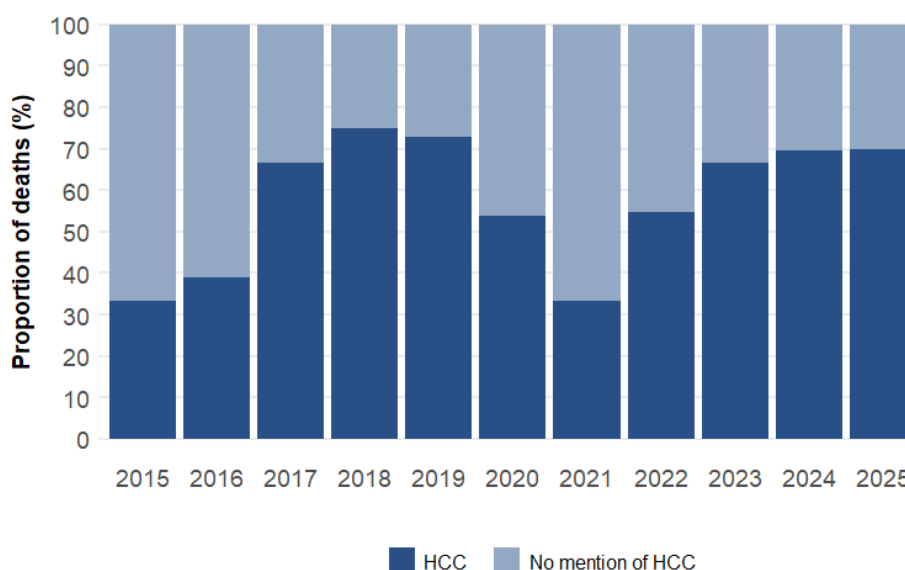
Figure 31 presents the HCV-related death rate per 100,000 population in Wales from 2015 to 2025. While this figure suggests a decline followed by a peak in 2024, trends should be interpreted with caution due to small numbers.



Source: ONS, 2026

Figure 31: HCV related mortality rate per 100,000 population, by year of registration, 2015 to 2025, Wales

When focussing on underlying cause of death, the proportion due to Hepatocellular carcinoma (HCC) is important to note (Figure 32). In 2025, as has been the trend in recent years excluding 2020-21, HCC contributed to over 60% of deaths amongst HCV cases demonstrating that mortality due to HCC is driven by viral hepatitis and further highlights the HCV treatment contribution may make to cancer prevention work.



Source: ONS, 2026

Figure 32: Proportion of deaths in HCV cases in Wales accounted for by Hepatocellular carcinoma (HCC) by year of registration of death, 2015 to 2025, Wales.

Combined HV and HCV Mortality Rates

The combined mortality rate fell from 0.55 deaths per 100,000 population in 2015 to 0.41 deaths per 100,000 population in 2023, with the highest rate observed in 2024 at 0.79 deaths per 100,000 population.

Appendices

Appendix A: Data Sources

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

Laboratory Information Management Service

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

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

Welsh Clinical Portal – HCV e-form

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

Prior to 2021, figures relating to hepatitis C treatment were collected through a paper-based system in collaboration with local treatment teams. Further details can be found in Appendix P: HCV treatment data methods and data quality issues.

Harm Reduction Database Wales (HRD)

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

Sexual Health in Wales Surveillance Scheme (SWS)

The Sexual health in Wales Surveillance scheme (SWS) introduced in 2011, collates information from the electronic patient management systems currently used within sexual health clinics in Wales. SWS provides a Wales-wide dataset that includes BBV testing and diagnostic information for individuals utilising sexual health services along with some key demographic and behavioural data for those individuals such as sex, age, ethnicity, and local authority of residence.

The Test and Post service (TAP) / The Doctors Lab (TDL)

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

identified via TAP require confirmatory testing within NHS services, the results of which are reported via LIMS.

Office for National Statistics

The Office for National Statistics (ONS) provides national and subnational mid-year population estimates for the UK and its constituent countries by administrative area, age, and sex (including components of population change, median age, and population density). Population statistics for gender, age and location of residence are based on 2024 mid-year figures.²⁴

Appendix B: Changes to Data Cleaning and/or Methodology

HCV testing and diagnosis

In previous reports, this section used a version of the LIMS database that was matched with the Welsh Demographics Service to improve demographic data and patient identifiers. However, due to ongoing issues with this version of the database and to ensure a consistent methodology with the HBV data, the original unmatched version of LIMS is now used for the current and future reports. Data were previously deduplicated by lab specimen number but due to duplicates in the unmatched LIMS database, we now identify unique tests using a combination of a patient identifier, test date, and test type. There may also be tests available in this database that were not previously reported. Therefore, the numbers in the section do not match previous reports.

Health boards

While health boards were inconsistent within previous reports, with some sections using health board of residence while others used health board of test/treatment, health boards have been standardised from the current report. Health board of residence is now consistently used throughout the report and is determined using patient postcodes. Where this information could not be determined using available data, health board of test/treatment has been used. Data for any patients where both health boards were unavailable have been reported as Unknown.

No prior history of infection

Refers to individuals who have no evidence of a historic infection prior to the year reported. For HBV, this includes all individuals that were HBsAg tested without any record of infection prior to the date of test. A previous infection history was established using all testing data from 2013. For HCV, this includes any anti-HCV reactive or HCV-RNA positive result. For tables showing positive/reactive amongst individuals tested with no prior history of infection, individuals will only be included up to and including the year of their first positive/reactive test.

²⁴ Office for National Statistics. Mid-2024 population estimates. [ONS mid-year population estimates](#)

Appendix C: WHO elimination targets

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

To evidence the progress towards Hepatitis B and C elimination, WHO has set several indicators such as indicators for prevention (including blood safety and harm reduction); HBV vaccination targets^{25,26}; prevention of mother to child transmission; targets for prevalence, incidence, testing and treatment; and mortality indicators²⁷. Alongside these global indicators, the Welsh government has set three additional targets around elimination in prison settings. More detail can be found throughout the remainder of

The summary table on the following page highlights the achievement of Wales in the elimination of Hepatitis B and C. For some indicators, reliable data or data systems are currently unavailable. Where practical, proxy measures have been established, however, this has not been possible for all indicators. Work is currently ongoing to directly evidence all indicators, involving collaborative modelling efforts with other UK nations and collaborations with other NHS Wales organisations.

²⁵ The full report can be found at <https://phw.nhs.wales/topics/immunisation-and-vaccines/cover-national-childhood-immunisation-uptake-data/cover-archive-folder/annual-reports/vaccine-uptake-in-children-in-wales-cover-annual-report-2023/>

²⁶ Full report can be found at <https://phw.nhs.wales/topics/immunisation-and-vaccines/neonatal-hepatitis-b-immunisation/>

²⁷ Interim guidance for country validation of viral hepatitis elimination. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO. (<https://iris.who.int/bitstream/handle/10665/341652/9789240028395-eng.pdf>, Accessed June 18, 2025)

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

	Target indicators	Progress at national level		
		2023	2024	2025
Prevention of HBV, HCV and HIV				
A	0% unsafe injections			
B	100% blood safety			
C	300 needles/syringes/PWID/year			
Hepatitis B - vaccination targets for prevention				
D	>90% HepB3 vaccine coverage			
E	>90% coverage of those infants at risk with targeted HepB-birth dose			
Hepatitis B - prevention of Mother to Child Transmission				
F	>90% coverage of maternal antenatal HBsAg testing			
G	>90% coverage with antivirals for those eligible			
H	<0.1% HBsAg prevalence in children < 5 years			
I	<2% mother to child HBV transmission rate			
Prevalence, incidence, testing and treatment of HBV and HCV				
J	>90% of people with HBV diagnosed			
K	>80% of people diagnosed with HBV and eligible for treatment are treated			
L	95% reduction in HBV incidence compared to 2015			
M	Annual HCV incidence of <5/100,000 in general population			
N	Annual HCV incidence <2/100 in People who inject drugs (PWID)			
O	>90% of people with HCV diagnosed			
P	>80% of people diagnosed with HCV and eligible for treatment are treated			
Q	80% reduction in HCV incidence compared to 2015			
Prisons in Wales				
R	100% of the prison population being offered a HCV test			
S	90% of those having then been tested			
T	90% of those diagnosed with HCV having started treatment			
Mortality indicators HBV and HCV				
U	65% reduction in HBV related mortality compared to 2015			
V	65% reduction in HCV related mortality compared to 2015			
W	<4 per 100,000 population HBV mortality rate			
X	<2 per 100,000 population HCV mortality rate			
Y	Combined HBV/HCV mortality rate <6 per 100,000 population			

Key:

Where a target, proxy or WHO, has been met

Where a target, proxy or WHO, has not been met

Where data or data systems are not yet in place to evidence progress

Appendix D: Unique females, without prior history of infection, screened for hepatitis B (HBsAg), by age group, 2025

Demographic	Individuals tested	Rate per 100,000 population	Number of individuals HBsAg positive	Positivity rate (95% CI) ^a
0 - 14	612	246	0	0.00 (0.00 - 0.00)
15 - 24	7,537	4,174	12	0.16 (0.09 - 0.28)
25 - 34	21,709	10,790	28	0.13 (0.09 - 0.19)
35 - 44	10,746	5,245	31	0.29 (0.20 - 0.41)
45 - 54	4,871	2,524	18	0.37 (0.23 - 0.58)
55 - 64	5,833	2,585	7	0.12 (0.06 - 0.25)
65 - 74	4,536	2,489	4	0.09 (0.03 - 0.23)
75 +	3,906	2,064	2	0.05 (0.01 - 0.19)
Unknown age	2	-	0	0.00 (0.00 - 0.00)

^aConfidence intervals calculated using the Wilson method.

Source: LIMS, 2026

Appendix E: Unique males, without prior history of infection, screened for hepatitis B using a HBsAg test, by age group, 2025

Demographic	Individuals tested	Rate per 100,000 population	Number of individuals HBsAg positive	Positivity rate (95% CI) ^a
0 - 14	560	215	0	0.00 (0.00 - 0.00)
15 - 24	3,772	1,933	10	0.27 (0.14 - 0.49)
25 - 34	8,554	4,365	52	0.61 (0.46 - 0.80)
35 - 44	9,346	4,843	70	0.75 (0.59 - 0.95)
45 - 54	7,113	3,887	30	0.42 (0.30 - 0.60)
55 - 64	6,760	3,174	24	0.36 (0.24 - 0.53)
65 - 74	5,263	3,090	9	0.17 (0.09 - 0.32)
75 +	4,343	2,882	5	0.12 (0.05 - 0.27)

^aConfidence intervals calculated using the Wilson method.

Source: LIMS, 2026

Appendix F: Number of HBV cases diagnosed between 2015 and 2025, by age and sex

Demographic	Individuals tested	All infections	Chronic infections
0 - 14	9,141	35	18
15 - 24	137,888	362	238
25 - 34	308,676	1,102	903
35 - 44	160,871	989	845
45 - 54	86,739	594	462
55 - 64	81,351	284	195
65 - 74	68,171	146	91
75 +	53,300	76	34
Unknown age	400	3	1
Males	335,199	1,984	1,541
Females	568,362	1,456	1,107
Unknown sex	2,976	151	139

Source: LIMS, 2026

Appendix G: Number of HBV cases diagnosed in Wales between 2015 and 2025, by health board

Health board	Individuals tested	All infections	Chronic infections
Aneurin Bevan	184,788	935	804
Betsi Cadwaladr	180,208	549	361
Cardiff and Vale	174,248	1,050	885
Cwm Taf Morgannwg	141,761	344	203
Hywel Dda	86,937	166	120
Swansea Bay	119,184	482	375
Outside Wales/Powys	23,019	63	39

Source: LIMS, 2026

Appendix H: Number of anti-HCV and HCV-RNA tests by type of test, 2015-2025

Year	Venepuncture	Dry Blood Spot	Point of Care	Total Anti-HCV tests	Total HCV-RNA tests
2015	48,657	2,656	0	51,313	3,589
2016	50,798	4,066	0	54,864	5,392
2017	54,567	5,442	0	60,009	5,527
2018	61,380	5,228	360	66,968	4,285
2019	63,713	7,600	1,353	72,666	5,010
2020	46,052	2,910	195	49,157	2,928
2021	56,054	5,084	1,326	62,464	3,204
2022	63,543	6,739	5,320	75,602	3,921
2023	70,382	12,109	2,323	84,814	4,758
2024	82,454	16,701	3,077	102,232	5,621
2025	91,830	19,010	3,088	113,928	5,222

Source: LIMS, 2026

Appendix I: Rate per 100,000 population for individuals without prior history of infection tested for anti-HCV by health board, 2015-2025

Health Board	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Aneurin Bevan	1,106	1,073	1,229	1,277	1,357	988	1,180	1,364	1,839	2,150	2,527
Betsi Cadwaladr	915	963	1,070	1,235	1,248	983	1,350	1,659	2,050	2,257	2,580
Cardiff and Vale	2,223	2,365	2,608	2,769	2,959	1,982	2,724	3,059	2,770	3,354	3,146
Cwm Taf Morgannwg	1,443	1,567	1,651	1,673	1,909	1,185	1,401	1,808	1,888	2,336	2,738
Hywel Dda	906	920	1,005	1,009	1,077	697	923	1,131	1,246	1,496	1,778
Powys	139	144	145	137	161	153	202	307	312	649	728
Swansea Bay	2,055	2,261	2,265	2,522	2,682	1,536	2,170	2,441	2,983	3,556	4,325
Wales	1,337	1,411	1,526	1,633	1,745	1,170	1,541	1,824	2,048	2,427	2,724

Source: LIMS, 2026

Appendix J: Rate per 100,000 population for all individuals tested for anti-HCV by health board, 2015-2025

Health Board	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Aneurin Bevan	1,120	1,091	1,251	1,300	1,393	1,012	1,210	1,397	1,870	2,188	2,563
Betsi Cadwaladr	920	972	1,083	1,252	1,276	998	1,378	1,692	2,106	2,306	2,631
Cardiff and Vale	2,249	2,398	2,652	2,831	3,021	2,028	2,796	3,138	2,838	3,428	3,225
Cwm Taf Morgannwg	1,458	1,588	1,686	1,708	1,954	1,215	1,438	1,864	1,950	2,413	2,824
Hywel Dda	914	930	1,017	1,018	1,093	707	937	1,146	1,262	1,523	1,803
Powys	141	149	148	142	164	156	207	310	318	655	734
Swansea Bay	2,072	2,307	2,303	2,568	2,751	1,581	2,244	2,539	3,104	3,693	4,477
Wales	1,350	1,432	1,551	1,663	1,785	1,196	1,581	1,871	2,103	2,488	2,789

Source: LIMS, 2026

Appendix K: Proportion reactive for anti-HCV among individuals with no prior history of infection, by health board, 2015-2025

Health Board	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Aneurin Bevan	1.1	1.2	1.0	0.7	0.7	0.7	1.0	1.0	0.7	0.7	0.6
Betsi Cadwaladr	2.4	2.8	2.2	2.5	1.7	1.5	1.9	1.7	1.5	1.4	1.3
Cardiff and Vale	1.6	1.7	1.4	1.2	1.1	1.1	0.8	1.0	0.8	0.9	0.8
Cwm Taf Morgannwg	2.7	2.2	2.0	1.7	1.2	0.9	0.9	1.2	0.7	0.9	0.7
Hywel Dda	2.6	2.1	1.8	1.8	1.2	1.4	1.0	0.9	0.8	1.0	0.6
Powys	3.3	0.5	2.1	1.6	0.9	1.5	1.1	1.9	0.7	0.7	0.7
Swansea Bay	3.8	2.2	1.6	2.0	1.8	1.7	1.1	1.3	0.9	1.0	0.6
Wales	2.3	2.0	1.7	1.6	1.3	1.2	1.1	1.2	1.0	1.0	0.8

Source: LIMS, 2026

Appendix L: Proportion reactive for anti-HCV among all individuals, by health board, 2015-2025

Health Board	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Aneurin Bevan	2.4	2.8	2.7	2.4	3.1	2.7	3.0	2.8	2.1	2.1	1.7
Betsi Cadwaladr	2.9	3.7	3.3	3.8	3.8	2.9	3.7	3.4	3.8	3.4	2.9
Cardiff and Vale	2.8	3.1	3.0	3.3	3.1	3.2	2.8	3.0	2.9	2.7	2.7
Cwm Taf Morgannwg	3.6	3.4	4.0	3.6	3.3	3.0	3.0	3.6	3.4	3.6	3.3
Hywel Dda	3.4	3.2	2.8	2.7	2.7	2.6	2.2	2.0	1.9	2.6	1.8
Powys	4.8	4.1	4.1	4.8	2.8	2.4	2.9	2.7	2.1	1.4	1.4
Swansea Bay	4.7	4.1	3.2	3.8	4.2	4.4	3.9	4.8	4.4	4.2	3.5
Wales	3.3	3.4	3.2	3.4	3.4	3.2	3.2	3.4	3.2	3.1	2.7

Source: LIMS, 2026

Appendix M: Number of HCV-RNA confirmatory tests (PCR), number of individuals tested, individuals positive and positivity rate per 100,000 population among individuals with no prior history of HCV testing, by year, 2015-2025

Year	Total HCV PCR Tests	Individuals tested for HCV PCR	Individuals positive for HCV PCR	% Positive (95% confidence interval) ^a	Rate per 100,000 population (95% confidence interval) ^a
2015	2,701	2,011	835	41.5 (39.4 - 43.7)	26.9 (25.2 - 28.8)
2016	2,606	1,620	701	43.3 (40.9 - 45.7)	22.5 (20.9 - 24.2)
2017	2,295	1,605	510	31.8 (29.5 - 34.1)	16.3 (15.0 - 17.8)
2018	1,998	1,505	453	30.1 (27.8 - 32.5)	14.4 (13.2 - 15.8)
2019	2,404	1,680	457	27.2 (25.1 - 29.4)	14.5 (13.2 - 15.9)
2020	1,456	1,158	221	19.1 (16.9 - 21.4)	7 (6.1 - 8.0)
2021	1,487	1,159	272	23.5 (21.1 - 26.0)	8.8 (7.8 - 9.9)
2022	1,887	1,450	284	19.6 (17.6 - 21.7)	9.1 (8.1 - 10.2)
2023	2,126	1,511	264	17.5 (15.6 - 19.5)	8.3 (7.4 - 9.4)
2024	2,592	1,898	266	14.0 (12.5 - 15.6)	8.3 (7.4 - 9.4)
2025	2,152	1,553	213	13.7 (12.1 - 15.5)	6.7 (5.8 - 7.6)

^a Confidence intervals calculated using the Wilson method.

Source: LIMS, 2026

Appendix N: Overview of Welsh prison category, function, capacity²⁸, and location

Prison	Health board	Local authority	Category ^a	Function	Operational capacity
HMP Berwyn	Betsi Cadwaladr	Wrexham	B / C	Training prison (sentenced adults and young men)	2,000
HMP Parc	Cwm Taf Morgannwg	Bridgend	B	Local private prison (sentenced adults, young adults, and young offenders)	1,849
HMP Cardiff	Cardiff and Vale	Cardiff	B	Local remand prison (including adults serving short sentences)	779
HMP Swansea	Swansea Bay	Swansea	B / C	Local sentenced or remand prison	447
HMP Usk	Aneurin Bevan	Monmouthshire	C	Training prison (sentenced adults and young men)	536
HMP Prescoed	Aneurin Bevan	Monmouthshire	D	Open prison	

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

²⁸ Capacity based on December 2025 Prison Population bulletin: <https://www.gov.uk/government/publications/prison-population-monthly-prison-figures-2025>

Appendix O: Total BBV tests conducted in prisons by prison, type of test, and year 2015-2025²⁹

Test	Requesting site	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Hepatitis B Surface Antigen (HBsAg)	HMP Berwyn	0	0	293	690	1,016	484	1,113	1,440	4,091	4,960	4,748
	HMP Parc	644	1,031	1,493	1,037	1,307	499	211	638	774	2,485	3,291
	HMP Cardiff	363	1,158	1,538	1,268	1,447	572	718	321	228	1,355	230
	HMP Swansea	78	136	250	256	299	50	43	58	68	260	595
	HMP Usk	75	267	78	288	371	116	232	168	198	281	232
	HMP Prescoed	105	122	211	358	424	221	279	243	305	278	217
	Total	1,265	2,714	3,863	3,897	4,864	1,942	2,596	2,868	5,664	9,619	9,313
Hepatitis C Antibody (Anti-HCV)	HMP Berwyn	0	0	297	696	1,016	463	1,109	1,399	4,065	4,942	4,739
	HMP Parc	647	1,035	1,497	1,043	1,306	497	206	641	780	2,484	3,288
	HMP Cardiff	366	1,163	1,560	1,271	1,435	565	712	318	226	1,353	229
	HMP Swansea	84	141	259	253	267	48	41	58	67	260	595
	HMP Usk	75	263	78	289	371	117	234	170	198	283	230
	HMP Prescoed	102	122	210	360	425	221	280	243	305	277	217
	Total	1,274	2,724	3,901	3,912	4,820	1,911	2,582	2,829	5,641	9,599	9,298
Hepatitis C PCR	HMP Berwyn	0	0	<30	41	161	157	228	326	663	936	780
	HMP Parc	61	72	86	66	128	68	56	268	103	212	276
	HMP Cardiff	58	135	165	171	220	88	88	126	70	337	56
	HMP Swansea	27	43	59	62	239	58	71	64	74	87	96
	HMP Usk	0	5	0	<5	8	5	<5	<5	<5	<5	<5
	HMP Prescoed	6	11	<5	<10	21	10	<20	<10	<20	<10	<5
	Total	152	266	337	353	777	386	464	791	927	1,582	1,215

Source: LIMS, 2026

Appendix P: HCV treatment data methods and data quality issues

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

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

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

²⁹ Individuals were identified using patient ID and request location. Tests extracted from LIMS were HBsAg, anti-HCV, HCV PCR and HIV Ag/Ab. Only those tested with a positive or negative result were included - tests with a result of "Not tested", "Insufficient to test", "Invalid", "Inhibitory" or "Result to follow" were excluded.

Appendix Q: HCV care pathway for individuals diagnosed with HCV between 2022 and 2025 (combined), by health board³⁰

Health board ^a	First HCV-RNA positive	Started treatment	Completed treatment	Achieved SVR	Reinfected ^b	Deceased ^c	Unknown treatment outcome ^d
Aneurin Bevan	138	104	37	22	<5	15	15
Betsi Cadwaladr	321	177	81	78	8	30	<5
Cardiff and Vale	258	168	96	71	49	22	24
Cwm Taf Morgannwg	176	72	48	37	8	10	9
Hywel Dda	114	35	25	18	<5	<5	<5
Powys	13	5	<5	<5	0	0	0
Swansea Bay	245	196	166	117	15	24	41
Wales	1241	744	445	339	80	104	90

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

^b Individuals who tested positive for HCV-RNA at least 24 weeks following treatment completion, where SVR was recorded.

^c A subset of HCV-RNA positive.

^d Completed treatment with no outcome recorded.

Appendix R: Mortality ICD-10 codes and methods

The report utilises mortality data from the Office for National Statistics (ONS) Mortality Dataset for the years 2015 to 2025.

Record Selection:

The ONS data provides one record per individual.

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

Case Identification:

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

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

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

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

Rate Calculations:

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

³⁰ Individuals with a missing NHS number and/or name and date of birth in any dataset are excluded from these counts.