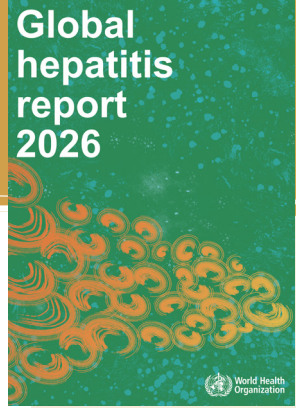


Global hepatitis report 2026

Global hepatitis report 2026



Situation and response

Viral hepatitis is one of the world's most important public health challenges. Hepatitis B virus (HBV) and hepatitis C virus (HCV) continue to cause chronic infection, leading to cirrhosis, liver cancer and over one million premature deaths every year.

Although both infections are preventable and treatable, HBV and HCV together account for more than 95% of mortality from viral hepatitis.

In highly endemic areas, most chronic HBV infections occur in children aged under 5 years, either through mother-to-child transmission at birth or horizontal transmission in childhood through person-to-person contact in the presence of open cuts and sores. People can also be infected with HBV through exposure to infected blood via needle-stick injuries, tattooing, piercing, sexual contact and sharing of contaminated needles or sharp instruments in health care and community settings or among people who inject drugs.

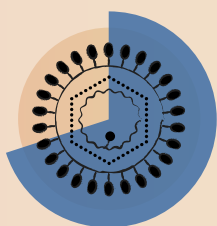
The most common routes of HCV transmission include unsafe injections and medical procedures, unscreened blood transfusions, and the sharing of needles and syringes among people who inject drugs.

The global burden of viral hepatitis



287 million people were living with chronic HBV or HCV in 2024
3% of the global population

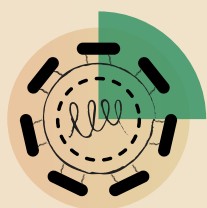
People living with chronic HBV infection



70% are in the WHO Western Pacific and African Regions...

...where about **5%** of the population in the Western Pacific and 5% of the population in the African Regions, have chronic HBV infection

People living with HCV infection



25% are in the WHO Eastern Mediterranean Region...

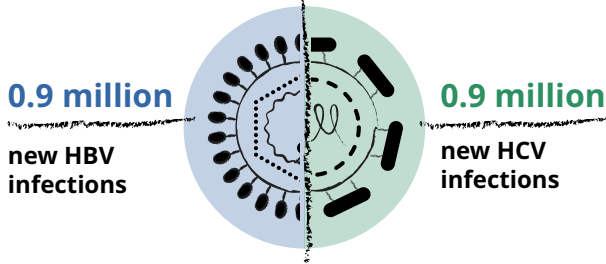
...the only region with more than 1% of its population infected with HCV

Trends in the global burden of viral hepatitis

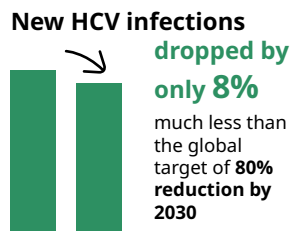
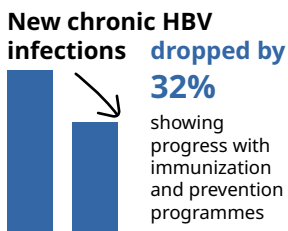
- The global prevalence of **chronic HBV infection in children aged under 5 years** decreased from **0.8% in 2015 to 0.6% in 2024**.
- Between 2015 and 2024, the **number of people living with chronic HBV infection declined by 7.4%**, progress was slower in high-burden regions with structural and programmatic challenges.
- Between 2015 and 2024, the **number of people living with HCV infection declined by 20%**, primarily due to the widespread adoption of curative treatments, notably following the introduction of a short 12-week course of direct-acting antivirals (DAAs) in 2015.

Incidence

In 2024, there were **1.8 million** new HBV and HCV infections, including:



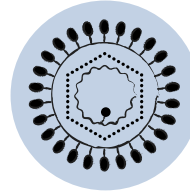
Between 2015 and 2024, reductions in new infections were as follows:



Mortality

In 2024, viral hepatitis B and C caused **1.3 million** deaths worldwide, mostly from liver cirrhosis and cancer, including:

HBV-related deaths



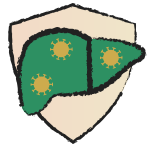
1.1 million

HCV-related deaths



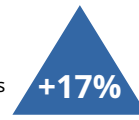
240,000

Ten countries accounted for **69% of chronic HBV deaths** and ten countries accounted for **58% of HCV deaths**, showing major gaps in prevention and care



Since 2015:

HBV-related deaths rose by 17% due to limited diagnosis and treatment

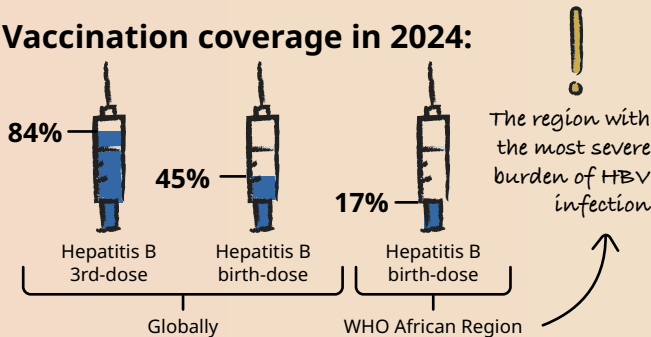


HCV-related deaths dropped by 12% mainly due to effective antiviral therapies



Eliminating viral hepatitis

Vaccination coverage in 2024:



Testing and treatment

HBV infection

Of the **240 million** people with HBV infection in 2024, **only 27%** had been diagnosed

And less than 5% were on treatment



HCV infection

Of the **68 million** people eligible for HCV treatment since 2015, **treatment coverage was only 20%**

11 million people diagnosed with HCV infection remain untreated as of 2024



85 countries have surpassed the **2030 target** of reducing chronic HBV prevalence in children aged under five years to less than 0.1%

Coverage of harm-reduction services remains far below recommended levels:

35 needles and syringes distributed per person who inject drugs per year

Global target of **300 by 2030**

Priorities for global and regional action

To achieve the 2030 global viral hepatitis elimination targets, there are five major priorities for global and regional action:

- scaling up **treatment for people with chronic HBV infection**, especially in the WHO African and Western Pacific regions;
- scaling up **treatment for people with HCV infection**, especially in the WHO Eastern Mediterranean Region;
- improving the **coverage of hepatitis B birth-dose vaccination**, especially in the WHO African Region;
- improving the coverage of **antiviral prophylaxis** for the prevention of mother-to-child transmission of HBV infection, especially in the WHO African Region; and
- improving the **safety of nonmedical injections**, in particular through harm-reduction services for people who inject drugs.



Global progress towards eliminating viral hepatitis as a public health threat by 2030 is off track, but still achievable

Despite the availability of effective diagnostics and medicines, access to care remains critically limited in many high-burden settings.

Under current trajectories, the global target of a **65% reduction in hepatitis-related deaths by 2030, compared with 2015, will not be achieved** without rapid scale-up of testing and treatment.

The 2030 target of a 95% reduction in new hepatitis B infections requires a **massive improvement in the coverage of hepatitis B birth-dose vaccination in the African region** and improved coverage of antiviral prophylaxis for prevention of mother-to-child transmission.

With sustained political commitment, adequate investment and equitable access to proven interventions, elimination of viral hepatitis as a public health threat by 2030 remains achievable.