

NSW Hepatitis C Annual Data Report

January to December 2025

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Key Messages

Data Summary

Hepatitis C is a blood-borne virus which can lead to liver fibrosis, cirrhosis and cancer if left untreated.

Considerable progress towards hepatitis C elimination by 2028 has been made in New South Wales (NSW). Between 2016 and 2025, 40,261 people commenced treatment, which represents approximately \$109.43 million saved in avoided healthcare costs and has greatly improved the health outcomes of people cured of hepatitis C.

The Needle and Syringe Program (NSP) is a critical public health prevention program that provides people who inject drugs with sterile injecting equipment, peer support, harm reduction education and healthcare navigation. In 2025, approximately 19.9 million units of sterile injecting equipment were distributed across NSW. The 2025 NSW NSP Enhanced Data Collection reports that receptive syringe sharing among people who inject drugs has remained stable at 18.2% over the past five years. This meets the NSW Hepatitis C Strategy 2022-2025 aim for 20% or lower reported receptive syringe sharing among people who inject drugs.

Monitoring notifications with a hepatitis C RNA-positive result provides an estimate of the number of people diagnosed with a current hepatitis C infection. In 2025, 960 new individuals were notified with a current hepatitis C infection, a decrease of 20.7% compared to 2024. Over the same period, the number of RNA tests undertaken increased by 15.1%, which is encouraging for progress towards elimination.

NSW Health is committed to expanding hepatitis C testing across NSW and has made progress in innovative service delivery, such as use of dried blood spot (DBS) and point-of-care (POC) testing which remove barriers related to traditional clinic-based testing models.

NSW Health has also focused on opportunistic testing in key settings. NSW Health Pathology RNA testing in key settings (custodial settings, Alcohol and Other Drug and Mental Health Services) increased by 28.5% compared to 2024.

Increasing the number of people receiving hepatitis C treatment is a priority for NSW Health. In 2025, over 2,500 hepatitis C treatment courses were dispensed including 1,655 initial treatments. General Practitioners prescribed 47.5% of all initial treatments outside of custodial settings. Liver related mortality increased by 8.9% between 2019 and 2023. While this may reflect longer survival and deaths occurring later following expanded access to hepatitis C treatment, it reinforces the need to continue targeted support for vulnerable and hard-to-reach populations.

NSW Health is committed to eliminating hepatitis C as a public health concern by 2028. We will continue working with partners to ensure hepatitis C transmission is prevented, people at risk of and living with hepatitis C receive access to testing, treatment and continued care without barriers while reducing stigma and discrimination.

NSW Hepatitis C Strategy 2022 – 2025

The NSW Hepatitis C Strategy 2022 - 2025 (the Strategy) lays the foundation for achieving hepatitis C elimination in NSW by 2028 with a focus on four pillars:

1. **Prevention:** Prevent new infections through harm reduction, education and health promotion
2. **Testing:** Increase access and testing for people at risk of infection
3. **Treatment:** Link newly acquired and existing infections into treatment and care
4. **Stigma and discrimination:** Reduce stigma and discrimination as a barrier to prevention, testing and treatment

The Strategy focuses efforts on priority populations including:

- People who currently inject drugs
- People with a history of injecting drugs
- Aboriginal people
- People living with hepatitis C
- People in custodial settings or with a history of incarceration
- People from culturally and linguistically diverse backgrounds

The Strategy also outlines a renewed focus on embedding hepatitis C care in key settings where priority populations may interact, including:

- Aboriginal Community Controlled Health Services
- Homeless services and social housing
- Alcohol and Other Drug services
- Mental Health services
- Custodial settings, including community corrections and parole services
- General Practice
- Multicultural and community settings
- Needle and Syringe Program services

NSW Health Acknowledgment

NSW Health acknowledges the Traditional Custodians of country throughout NSW and their connections to land, sea and community. We pay our respects to their Elders past and present and extend that respect to all Aboriginal people today.

NSW Health also recognises all communities and individuals impacted by and at risk of hepatitis C. NSW Health recognises the ongoing negative impacts of stigma and societal discrimination people impacted by hepatitis C can experience. In this report, Aboriginal and Torres Strait Islander people are referred to as Aboriginal people in recognition that Aboriginal people are the original inhabitants of NSW.

NSW Hepatitis C Strategy 2022 – 2025 progress towards targets

Due to impact of the COVID-19 pandemic on transmission and access to testing and treatment, the baseline has been set as 2019.

Prevent

Target	Baseline (2019)	2025	2025 Target
60% reduction in the number of new individuals* with hepatitis C infections	3,298	2,157	1,270
20% or lower reported receptive syringe sharing among PWID	-	18%	20%
10% increase in the distribution of sterile needles and syringes for people who inject drugs	15,395,545	19,850,178	16,935,100

Test

Target	Baseline	2025	2025 Target
20% increase in the number of hepatitis C RNA tests with a focus on:	20,806	27,808	24,967
<i>Alcohol and Other Drugs services</i> [^]	1,198	669	1,438
<i>Justice Health</i> [^]	6,113	7,755	7,336
<i>Mental Health services</i> [^]	417	630	500

Treat

Target	Baseline (2020)	2025	2025 Target
65% of people living with chronic hepatitis C who have ever initiated direct-acting antiviral treatment	43%	65%	65%
50% reduction in hepatitis C attributable mortality	350 (2015)	342(2023)	175

Stigma and discrimination

Target	Baseline (2021)	2025	2025 Target
75% reduction in the reported experience of stigma and discrimination among people affected by hepatitis C	41%	56%	10%
75% reduction in the reported experience of stigma and discrimination among people who inject drugs	77%	66%	20%
75% reduction in the reported incidence of stigma and discrimination towards PWID by healthcare workers	68%	51% (2024)	17%

* The NSW Hepatitis C Strategy 2022-2025 aims for a 60% reduction in the number of new hepatitis C infections. Notifications of reinfections are not currently reported in NSW and only the number of notifications among new individuals can be reported.

[^]Data source: NSW Health Pathology RNA tests only

Glossary of terms

ACON	AIDS Council of NSW
DAA s	Direct Acting Antivirals
DBS	Dried Blood Spot
HCV	Hepatitis C virus
LHD	Local Health District
MSIC	Medically Supervised Injecting Centre
NCIMS	Notifiable Conditions Information Management System
NNEDC	NSW Needle and Syringe Program Enhanced Data Collection
NSP	Needle and Syringe Program
NSW	New South Wales
NUAA	New South Wales Users and AIDS Association
PBS	Pharmaceutical Benefits Scheme
POC	Point of Care

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1.Prevent

Hepatitis C is a blood-borne virus which can lead to liver fibrosis, cirrhosis, cancer and, if left untreated, death. In NSW, the primary route of transmission of hepatitis C is by sharing drug-injecting equipment. Other transmission risks include unsterile tattooing, receipt of a blood transfusion before 1990, unsterile medical procedures conducted overseas and in utero or exposure during birth from a hepatitis C positive parent.

Hepatitis C disproportionately affects people who inject or have previously injected drugs and people who have been in custodial settings. People may experience additional barriers to accessing care including living in rural, regional and remote areas of NSW. Individual access to care may also be affected by stigma and discrimination related to a history of incarceration, sexual orientation, race or ethnicity. Many people are affected by several of these factors.

The Strategy aims to prevent new hepatitis C infections through harm reduction, education and health promotion. Culturally appropriate, targeted prevention and care services in NSW are provided through the mobilisation of peer initiatives, community organisations and outreach models to reach all populations affected by hepatitis C.

1.1 Reduce hepatitis C notifications

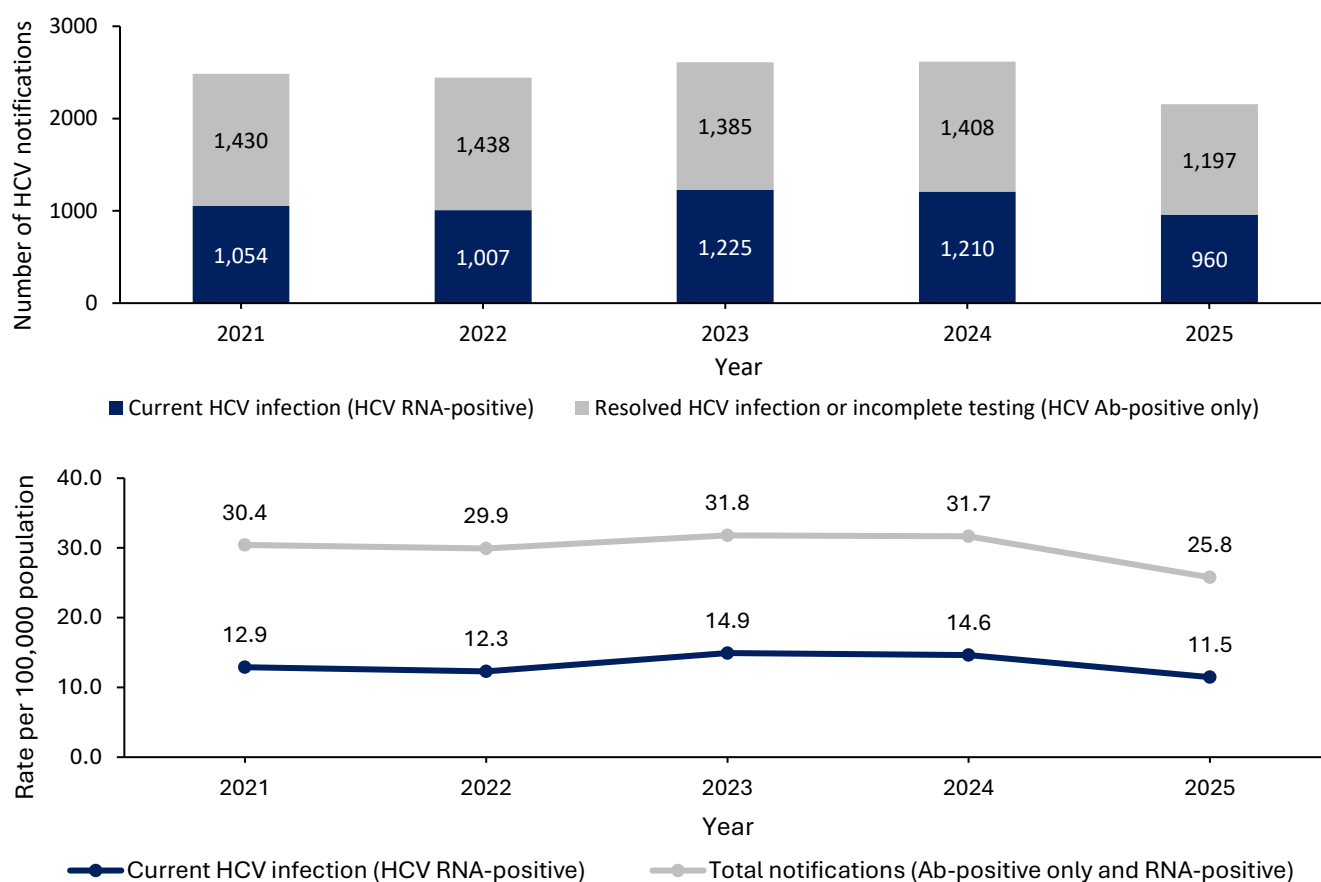
The Strategy aims for a 60% reduction in the number of new hepatitis C infections. While notifications of reinfections are not currently reported in NSW, the number of new individuals notified with hepatitis C (including resolved infection or incomplete testing) has decreased by 34.6% from the 2019 baseline of 3,298 notifications to 2,157 in 2025.

In 2025, NSW Health was notified of 960 current hepatitis C infections (HCV RNA-positive) (Figure 1a), which was a 20.7% decrease compared to 2024 and 41.8% lower than 2019 baseline (N=1,648). In 2025, the rate of current hepatitis C infection was 11.5 notifications per 100,000 population (Figure 1b). Notifications with only a hepatitis C antibody-positive result, for which active infection cannot be distinguished from resolved infection or incomplete testing, accounted for 55.5% of notifications in 2025 (N=1,197).

Of the 960 current hepatitis C notifications, 19.9% were females (N=191) and 79.9% were males (N=767) (Appendix C, Table 2). The median age of females diagnosed with current hepatitis C infection in 2025 was 49 years (IQR 36-61 years) and was higher than the median age of males (36 years, IQR 28-51 years).

The Justice Health and Forensic Mental Health Network reported 29.8% of new individuals with current hepatitis C infections in 2025 (N=286), followed by Western Sydney (14.0%, N=134) and Hunter New England (9.0%, N=86) (Appendix C, Table 2).

Figure 1a & 1b: Hepatitis C notifications and rates by current infection and resolved infection or incomplete testing, NSW, 2021 – 2025

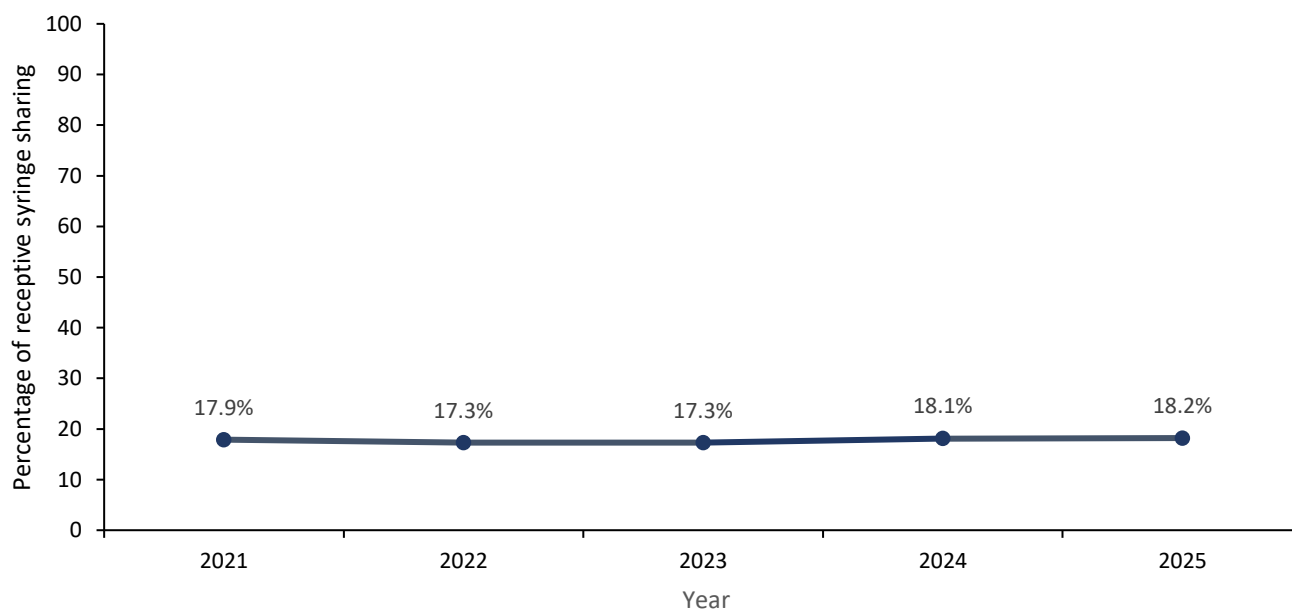


Data source: NCIMS, NSW Health and population projections, Department of Planning, Housing and Infrastructure (via SAPHaRI). Data extracted 30 March 2026. Year of onset is based on calculated onset date. Hepatitis C RNA-positive result is either standalone or must be within 90 days of hepatitis C Ab-positive result to be classified as hepatitis C current infection.

1.2 Reduce reported receptive syringe sharing

Hepatitis C transmission most commonly occurs via sharing of injecting equipment among people who inject drugs. The Strategy aims for 20% or lower reported receptive syringe sharing among people who inject drugs. In 2025, 18.2% of people who completed the NSW Needle Syringe Program Enhanced Data Collection survey (NNEDC) reported at least one episode of receptive syringe sharing in the month prior to data collection (Figure 2). This is 2 percentage points lower than the 2019 baseline of 20% (2019).

Figure 2: Receptive syringe sharing among people who inject drugs, NSW, 2021 – 2025



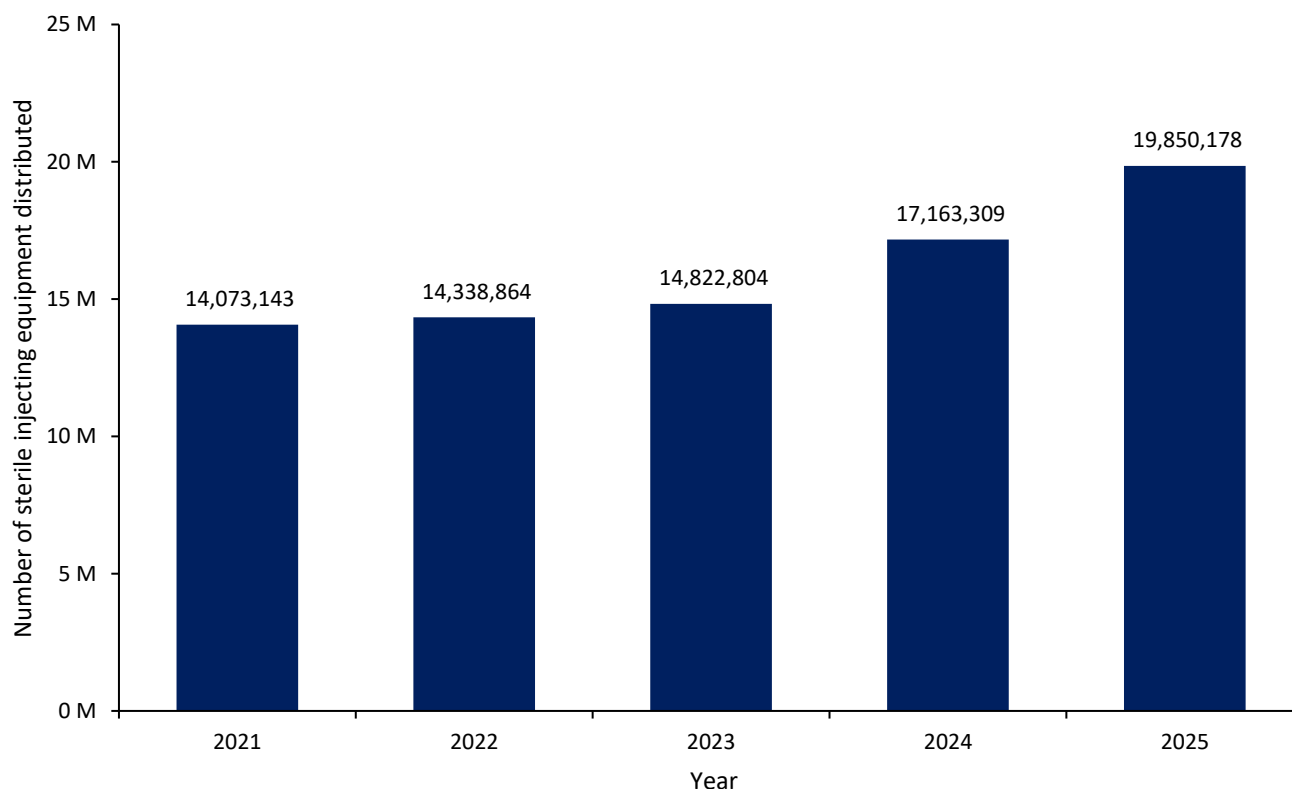
Data source: NNEDC. Note: receptive syringe sharing is defined as at least one episode of receptive syringe sharing in the month prior to data collection. The NNEDC is a mechanism to provide an annual snapshot of the NSW NSP client population. The results may not be representative of all people who inject drugs accessing the needle and syringe program in NSW.

1.3 Increase the distribution of sterile injecting equipment

The NSW Needle Syringe Program (NSP) is a highly cost-effective service that aims to reduce the transmission of blood-borne viruses among people who inject drugs through the distribution of sterile injecting equipment and harm reduction education. The NSP continues to be a key setting for hepatitis C prevention, testing and linkage to care and may be the only service that a person who injects drugs accesses within the NSW Health system. The NSP is complemented by other initiatives such as opioid pharmacotherapy and other drug treatment to reduce injecting risk behaviours and hepatitis C transmission. The Strategy has a target to distribute over 15.7 million sterile needles and syringes for people who inject drugs annually by 2025.

Approximately 19.9 million units of sterile injecting equipment was distributed across NSW through LHD NSPs, non-government organisations and the NSW Pharmacy Fitpack Scheme in 2025 (Figure 3). This was a 15.7% increase compared to 2024 (N=17.2 million units), likely due to the increase in use of performance and image enhancing drugs (PIEDS) and other peptides.

Figure 3: Units of sterile injecting equipment distributed, 2021 – 2025



Data source: LHD Needle and Syringe Program, NUAA, MSIC, ACON and the NSW Pharmacy Fitpack Scheme. Note: this does not include sterile needles and syringes distributed by services outside of the Needle and Syringe Program.

2.Test

The Strategy aims to increase access to testing for people at risk of hepatitis C. A key focus is on services where people at risk of, or living with, hepatitis C intersect with the health system including Alcohol and Other Drug services, Mental Health services, custodial settings, NSP outlets and Aboriginal Community Controlled Health Services.

Innovations in service design and delivery have been made across NSW to make testing more available to people who experience barriers to traditional models of care. Point of Care (POC) and Dried Blood Spot (DBS) testing options expand access to screening, reduce loss to follow up by decreasing wait time for results and remove barriers related to traditional clinic-based testing models. POC testing has been scaled up through the National Hepatitis C POC Testing Program which offers a hepatitis C antibody tests result within 1 minute and RNA test results within 60 minutes. The DBS test for hepatitis C RNA requires the sample be sent to a laboratory for analysis, is highly acceptable, easily transportable and suitable for use in a range of clinical and non-clinical settings including during outreach.

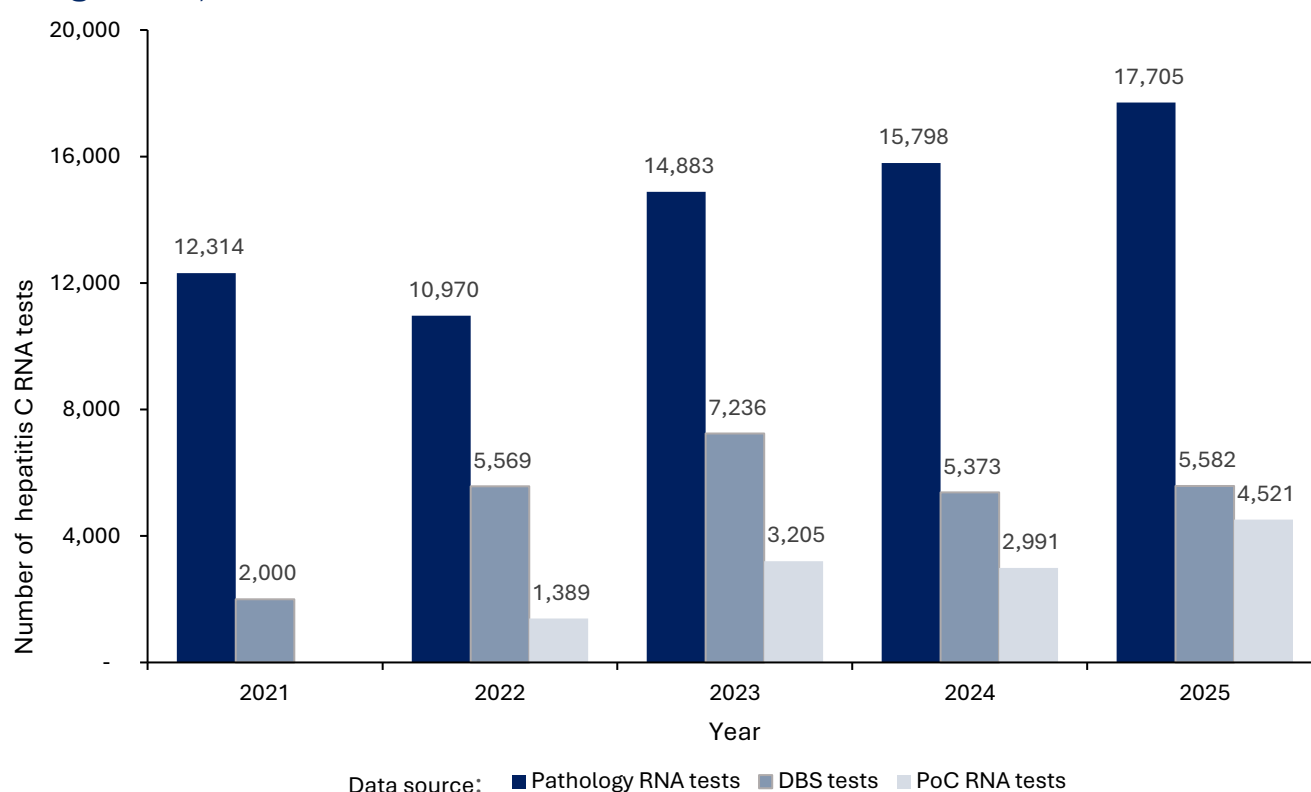
2.1 Increase hepatitis C RNA tests

Hepatitis C RNA testing data is available from NSW Health Pathology, the NSW HIV and Hepatitis C DBS Testing Pilot and the National Australian Hepatitis C POC Testing Program. Hepatitis C RNA testing data from private pathology providers is currently unavailable, therefore the data in Figure 4 is an underestimate of the number of hepatitis C RNA tests performed in NSW.

In 2025, 27,808 RNA tests were conducted (Figure 4). This represented a 15.1% increase in RNA tests completed compared to 2024 (N=24,162). Of these tests, 63.7% were completed through NSW Health Pathology (n=17,705), 20.1% through the DBS testing pilot (N=5,582) and 16.3% through the Australian Hepatitis C Point-of-Care Testing Program (N=4,521).

The NSW HCV Strategy target aims for 24,967 performed by 2025. In 2025, NSW was above this target by 11.4% (N=27,808).

Figure 4: Number of hepatitis C RNA tests completed by NSW Health Pathology, DBS and POC testing in NSW, 2021 – 2025



Data source: NSW Health Pathology, National Australian hepatitis C POC Testing Program and the NSW HIV and hepatitis C DBS testing pilot. Note: Excludes General Practice and other private settings. NSW DBS testing pilot commenced in October 2016 and the NSW POC testing program commenced in January 2022. People with a positive DBS result will require confirmatory testing, which may be included in testing numbers from NSW Health Pathology and/or the National Australian HCV PoC Testing Program.

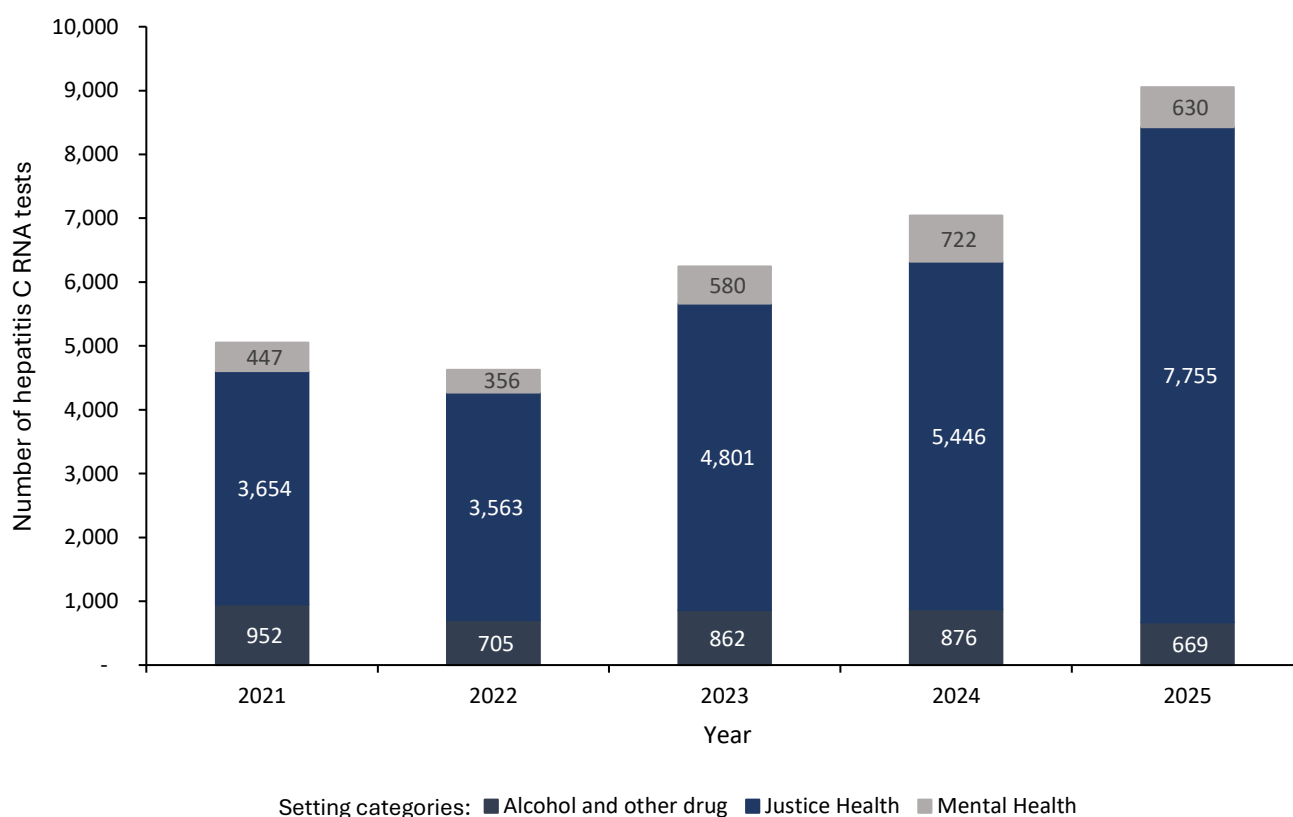
Note: The data may be different compared with the previous report due to updates and revisions in the source data systems.

2.2 Increase hepatitis C testing in key settings

Alcohol and Other Drugs, Justice Health and Mental Health settings are ideal settings for hepatitis C testing and treatment as they are often accessed by priority populations. Methods such as intake screening, completing audits of medical records and care plan reviews can assist early diagnosis and access to treatment, which improves an individual's health and prevents transmission to others.

In 2025, public laboratories performed 9,054 hepatitis C RNA tests across three key settings — Alcohol and Other Drugs, Justice Health, and Mental Health, a 28.5% increase compared to 2024 (N=7,044) (Figure 5). Justice Health performed the largest number of hepatitis C RNA testing (N=7,755), a 42.4% increase compared to 2024 (N=5,446). Hepatitis C RNA testing numbers in Alcohol and Other Drugs and Mental Health services were less (N=669 and N=630 respectively) and decreased 23.6% and 12.7% respectively from 2024 (N=876 and N=722 respectively). Public laboratories do not perform all hepatitis C RNA testing in NSW, therefore these numbers are an underestimate of testing in these settings.

Figure 5: Number of hepatitis C RNA tests in Alcohol and Other Drugs, Justice Health and Mental Health Services completed by NSW Health Pathology, 2021 – 2025



Data source: NSW Health Pathology Note: Excludes General Practice and other private settings. The data labels represent the total number of tests completed across all three key settings (Alcohol and other drugs, Justice Health and Mental Health). POC and DBS tests are also excluded due to the inability to identify where the test was conducted.

3.Treat

Between 2016 and 2025, 40,261 people initiated hepatitis C treatment in NSW which represents approximately \$109.43 million in avoided healthcare costs (NSW Ministry of Health Project Management Office).

The Strategy has a goal to increase treatment among priority populations. A key focus of the Strategy is to link people with newly acquired and existing infections into timely treatment and care. The Strategy focuses on improving the models of care available for priority populations by strengthening care pathways in key settings. Improving treatment access in outreach and remote areas via a peer workforce, telehealth, nurse led models of care and remote prescribing are examples of improved care pathways. The Strategy also has a focus on improving the collection and analysis of hepatitis C data and increasing notification follow up for patients returning a positive test.

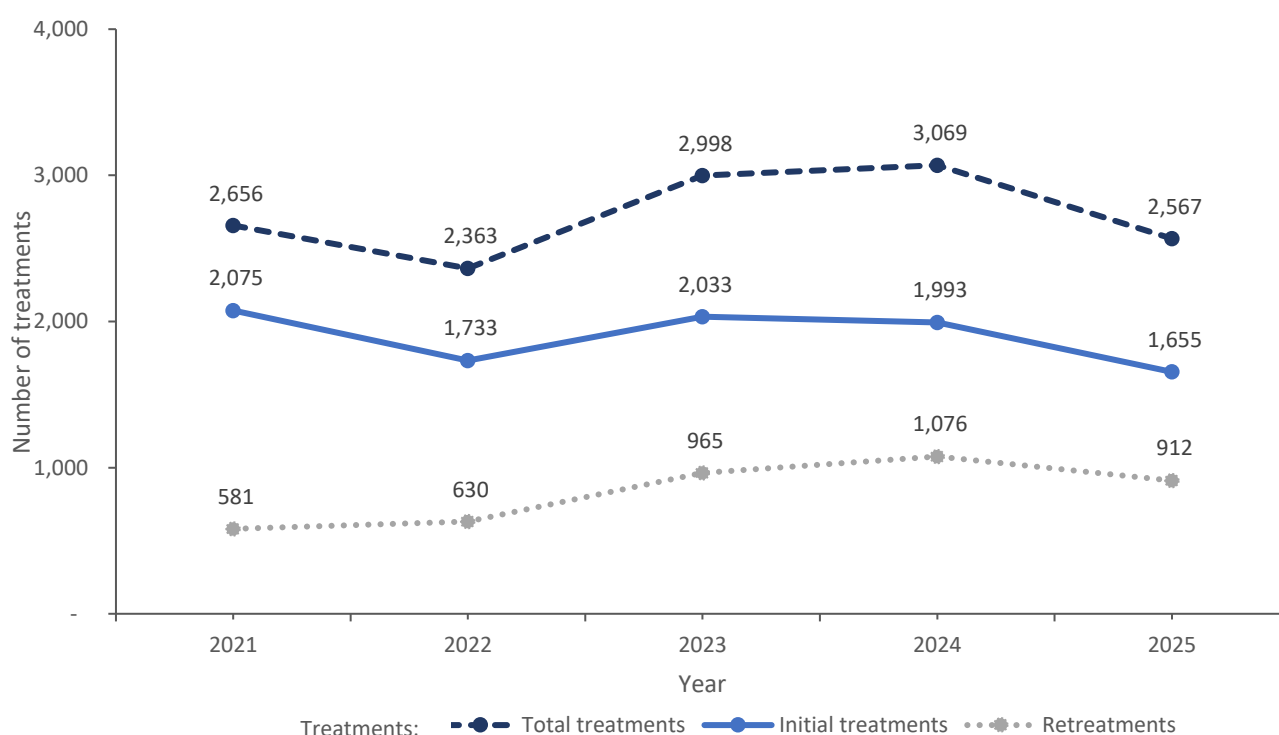
The Strategy aims for a 65% cumulative proportion of people living with chronic hepatitis C to initiate direct acting antiviral treatment and for a 50% reduction in hepatitis C attributable mortality.

3.1 Increase people commencing hepatitis C treatment

The Strategy has a target to increase treatment uptake to ensure that 65% of people living with chronic hepatitis C have initiated direct-acting antiviral treatment. Since March 2016, NSW has treated 65.2% (N=40,261) of people estimated to be living with hepatitis C in NSW (modelling estimates from the Kirby Institute, UNSW).

In 2025, a total of 2,567 hepatitis C treatments were prescribed, including 1,655 (64.5%) initial treatments and 912 (35.5%) retreatments and/or treatments for reinfection (Figure 6). Compared with 2024, initial treatments decreased by 17.0% (from 1,993), while retreatments and/or reinfection treatments decreased by 15.2% (from 1,076).

Figure 6: Number of hepatitis C treatments, 2021 – 2025



Data source: Pharmaceutical Benefits Scheme. Note: Total treatment is reported as initial treatment and re-treatment in NSW, noting an individual could have multiple treatments due to reinfection and/or retreatment after treatment failure. The treatments number includes data from the PBS and does not include self-reported data from Justice Health.

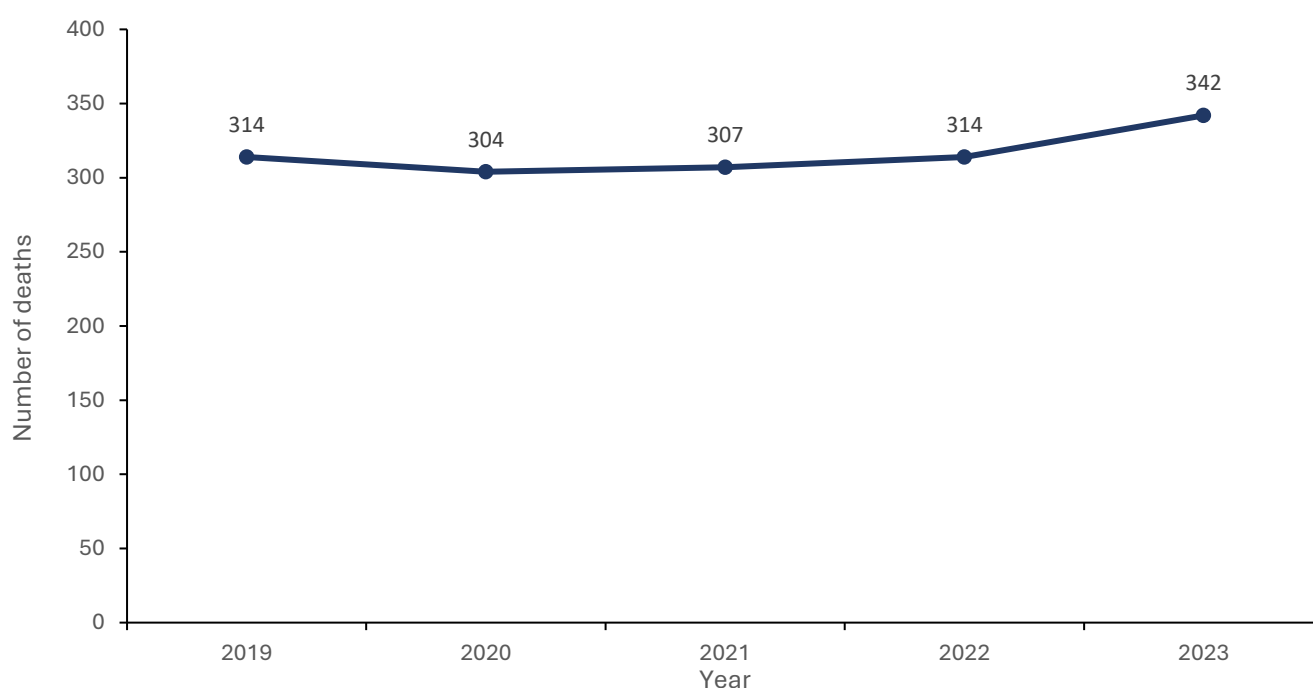
Note: The data may be different compared with the previous report due to updates and revisions in the source data systems.

3.2 Reduce deaths caused by hepatitis C

Hepatitis C notification data from 1993 to March 2023 has been linked to administrative data sets for hospital admissions and deaths to estimate the numbers of liver-related deaths attributable to hepatitis C. The Strategy has a target of 50% reduction in hepatitis C attributable mortality.

In 2023, there were 342 liver-related deaths attributable to hepatitis C, representing an 8.9% increase in hepatitis C related mortality between 2019 and 2023 (Figure 7). Liver-related deaths are classified as deaths that occur, following a diagnosis of end-stage liver disease (including decompensated cirrhosis or hepatocellular carcinoma) in a person notified with hepatitis C at any point in time. An increasing number of hepatitis C-related deaths may reflect longer survival and growth in the number of people living with advanced disease after curative hepatitis C treatment, rather than an increase in late diagnosis of hepatitis C.

Figure 7: Number of deaths attributable to hepatitis C, NSW, 2019 – 2023



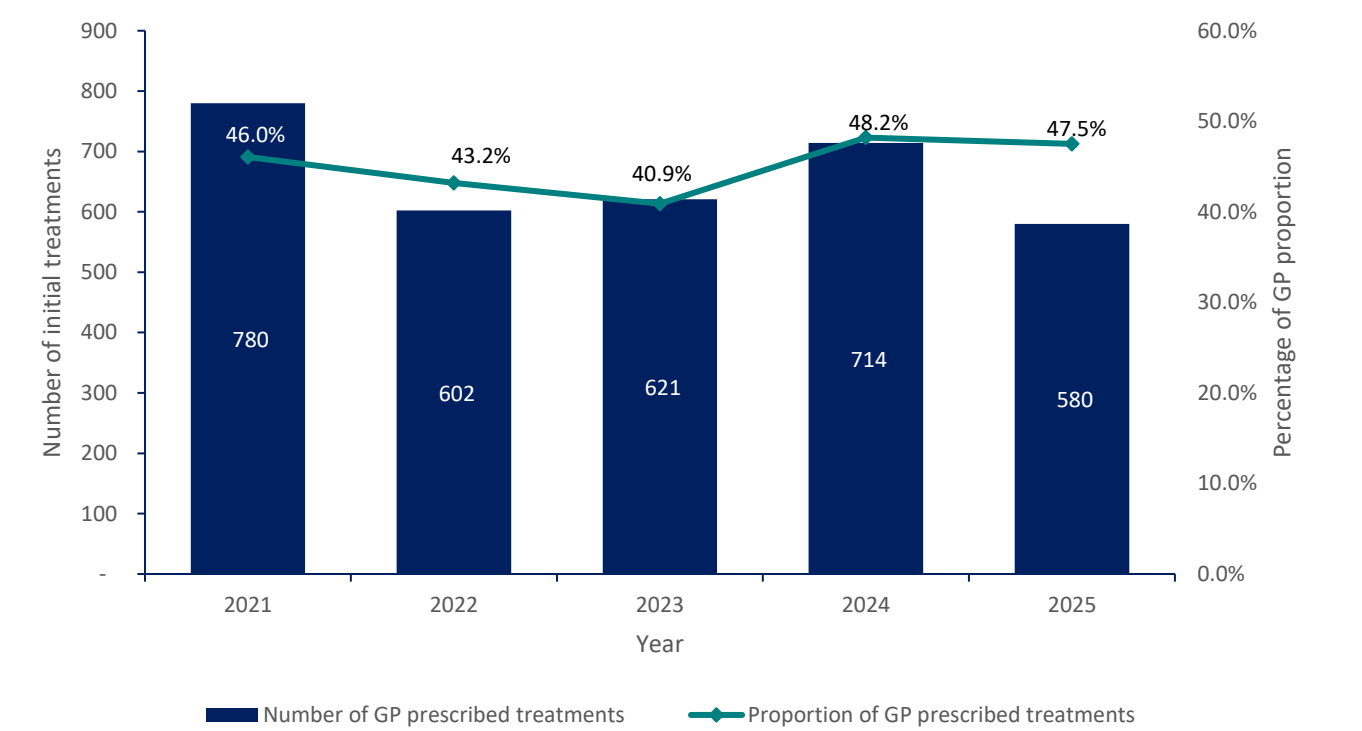
Data source: Data Linkage Project, Kirby Institute. Note: Data is only available up until 2023. Deaths attributable to hepatitis C are defined by a record of mortality following at least one hospitalisation for advanced liver disease (decompensated cirrhosis or hepatocellular carcinoma). In the absence of more up-to-date death certificate data, this definition is a regularly used, validated as a proxy measure for hepatitis C liver-related death.

Note: The data may be different compared with the previous report due to updates and revisions in the source data systems.

3.3 Hepatitis C treatments prescribed by general practitioners

General practitioners (GPs) play a key role in testing and treating people with or at risk of hepatitis C. GPs are important in reaching people with hepatitis C who may not access other health services. In 2025, GPs prescribed 580 initial hepatitis C treatments, a decrease of 18.8% from 2024 (n=714), in line with the overall decline in initial treatments. Despite this, the proportion of initial treatments prescribed by GPs remained relatively stable at 47.5%.

Figure 8: Number and proportion of GPs prescribing hepatitis C initial treatments, NSW, 2021 - 2025



Data source: Pharmaceutical Benefits Scheme. Note: The bars represent the number of initial hepatitis C treatments prescribed by GPs. The line represents the proportion of total initial treatments prescribed by GPs.
Note: The data may be different compared with the previous report due to updates and revisions in the source data systems.

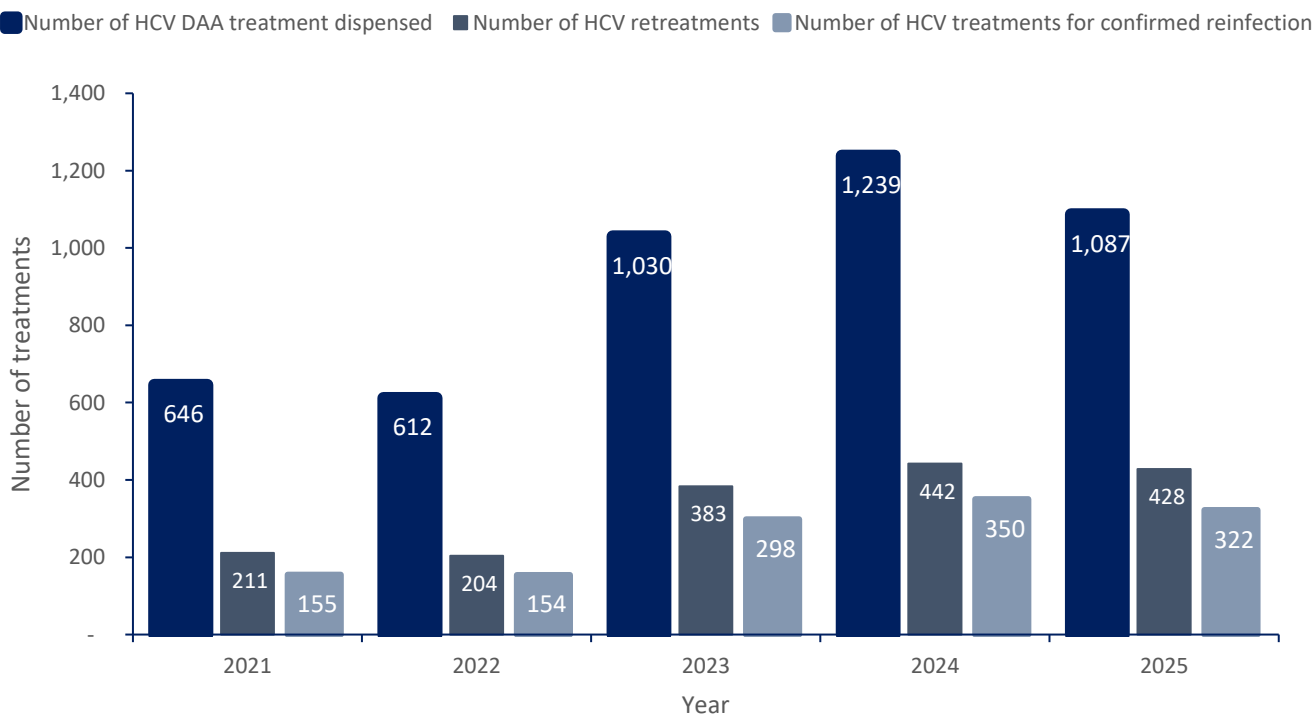
3.4 Increase hepatitis C treatment initiation for people in custody

Hepatitis C prevalence is higher in custodial settings than in the community because a large population of people who are incarcerated have injected drugs and the full range of effective harm reduction measures are not available in these settings.

In 2025, Justice Health prescribed 1,087 hepatitis C treatments. Of these, 428 (39.4%) were retreatments, including people who had previously failed treatment and those who were reinfected after successful treatment. Among the retreatments, 75.2% were for confirmed reinfection (n=322) (Figure 9).

Overall, total prescribing decreased by 12.3% compared to 2024 (n=1,239). Of the 1,087 hepatitis C treatments, 47.8% were among Aboriginal and Torres Strait Islander people (n=520; data not shown).

Figure 9: Hepatitis C treatments in Justice Health, 2021 – 2025



Data source: Justice Health iPharmacy. Note: The total number of hepatitis C Direct Acting Antiviral (DAA) treatments includes new, confirmed reinfection and retreatments for virological failure. Retreatment and reinfection are determined based on clinical notes from Justice Health. Retreatment and reinfection number are included in the total treatment number.

4. Stigma and discrimination

The Strategy has a goal to reduce stigma and discrimination as a barrier to prevention, testing and treatment. In 2023, a 'Stigma snapshot' of a survey of people who inject drugs found that more than half of respondents (52%) reported experiencing stigma within the last 12 months in relation to their hepatitis C, with 7% reporting that they 'often' or 'always' experienced stigma, with these proportions not significantly different from those reported in 2018.¹ Within healthcare settings, the proportion of health workers who expressed stigma at least some times towards people living with hepatitis C has reduced, from 54% in 2016 to 32% in 2023.¹ Evidence supports addressing individual, interpersonal and structural stigma to reach elimination targets.

The Strategy aims to achieve a:

- 75% reduction in the reported experience of stigma and discrimination among people affected by hepatitis C
- 75% reduction in the reported experience of stigma and discrimination among people who inject drugs
- 75% reduction in the reported incidence of stigma and discrimination towards people who inject drugs by healthcare workers

¹ Broady, T., Brener, L., Cama, E., & Treloar, C. (2023). Stigma snapshot: People living with hepatitis C 2023. Centre for Social Research in Health, UNSW Sydney. <https://unsworks.unsw.edu.au/entities/publication/376d25b9-3910-4f91-b4d2-43005c3d061a>

4.1 Reducing stigma and discrimination

The Stigma Indicators Monitoring Project led by the Centre for Social Research in Health (CSRH), UNSW, periodically collects data about BBV and STI-related stigma and discrimination.

In 2025, CSRH surveyed 159 people in NSW who inject drugs about their experiences of stigma and discrimination related to drug use and hepatitis C.

- 56% of participants who had ever been diagnosed with hepatitis C reported experiencing hepatitis-C related stigma or discrimination in the previous 12 months. This represents an increase of 15 percentage points compared to the 2021 baseline (41%) and an increase of 16 percentage points compared to 2023 (40%).
- 66% of participants reported experiencing injecting drug use-related stigma or discrimination in the previous 12 months. This is an 11 percentage point decrease from the 2021 baseline (77%) and a 14 percentage point decrease compared to 2023 (80%).

In 2024, CSRH also surveyed 308 healthcare workers in NSW about their attitudes and beliefs towards injecting drug use.

- 51% of participants indicated they would behave negatively towards other people because of their injecting drug use. This represents a 17 percentage point decrease compared to the 2021 baseline (68%).

For further information about the Stigma Indicators Monitoring Project, see <https://www.brise.org.au/projects>

Appendices

Appendix A: Data sources

Table 1: Details on data sources included in this report

Name	Custodian	Description
NSW Notifiable Conditions Information Management System (NCIMS)	Health Protection NSW, NSW Health	The NSW Notifiable Conditions Information Management System (NCIMS) contains records of all people notified to NSW Health with a notifiable condition under the NSW <i>Public Health Act 2010</i> . A hepatitis C notification is reported based on the NSW hepatitis C case definition, which considers a hepatitis C antibody positive result and/or hepatitis C RNA positive result as a confirmed case. Individuals with past treated or resolved infection who are reinfected are not currently captured, with subsequent testing appended to the original notification. Furthermore, notifications may not reflect the true incidence of hepatitis C as they represent only a proportion of individuals in the population that have been tested and diagnosed. While notification data per se provides limited information about the epidemiology of hepatitis C, it remains a useful tool for monitoring trends over time.
NSW Needle and Syringe Program Enhanced Data Collection	The Kirby Institute, UNSW	Annual Survey of NSP attendees. Provides NSP client demographic, behavioural and drug use data to strengthen the state-wide prevention approach and inform LHDs in planning for NSP service delivery at the local level. Data is self-reported. Data is collected over a two-week period in late Feb/early March.
Pharmaceutical Benefits Schedule (PBS) Highly Specialised Drugs Programme data	Centre for Population Health, NSW Health	This data is prepared by the Commonwealth Government for NSW Health and captures all hepatitis C treatment dispensing in NSW through the PBS from a public hospital, private hospital, or community pharmacies.
NSW DBS HIV and HCV Testing Pilot	Centre for Population Health, NSW Health	Quarterly hepatitis C and HIV testing data is submitted to the Centre for Population Health.
Stigma Indicators Monitoring Project	Centre for Social Research in Health	The Stigma Indicators Monitoring Project periodically collects data regarding stigma and discrimination experienced by groups including people who inject drugs, people affected by hepatitis C and sex workers. The project also monitors the expression of stigma towards these groups by health care workers and the public

Appendix B: Case definition

The hepatitis C notifications in this report meet the case definitions in the relevant Control Guideline for Public Health Units as listed here:

<https://www.health.nsw.gov.au/Infectious/controlguideline/Pages/hepatitis-c.aspx>

Under the NSW *Public Health Act 2010* hepatitis C is a notifiable disease. A confirmed case requires two hepatitis C antibody-positive (hepatitis C Ab-positive) results from two different immunoassays to confirm true reactivity from false positives and/or a hepatitis C ribonucleic acid-positive (hepatitis C RNA-positive) result.¹ Confirmation with two hepatitis C Ab-positive results shows the individual has ever had a hepatitis C infection, but does not indicate if the infection is acute, chronic or resolved.² To determine acute or chronic infection (current infection) hepatitis C RNA testing is recommended for all individuals shown to have an hepatitis C Ab-positive result.² The presence of hepatitis C RNA indicates active viral replication.

Ideally, hepatitis C RNA testing should be performed on a second blood sample to confirm current infection. This sample could be collected at the time of the initial blood draw, but more commonly requires the individual to return to the health care setting for subsequent blood collection, increasing the potential for lost to follow up and incomplete testing.

Rather than obtaining a follow-up sample at a second patient visit, the current Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) encourages laboratories to reflex to hepatitis C RNA using either the second blood sample collected at the initial visit or by splitting a single specimen into two aliquots at the sample processing stage. Such procedures offer the benefit of less patient visits to obtain venous access which should improve testing, diagnosis and treatment of at-risk people.² Reflex hepatitis C RNA testing is gaining traction in Australia and is performed by some laboratories in NSW; however, challenges remain concerning resourcing, risk of sample contamination for aliquots and storage space.

NSW does not currently report notifications of hepatitis C reinfection; however, Justice Health do report the number of direct-acting antiviral treatment for confirmed reinfections in custodial settings

¹ NSW Health. Hepatitis C control guidelines. 29 July 2019. Available from <https://www.health.nsw.gov.au/Infectious/controlguideline/Pages/hepatitis-c.aspx#case>

² ASHM. Hepatitis C diagnostic strategies. 2023. Available from: <https://testingportal.ashm.org.au/national-hcv-testing-policy/diagnostic-strategies/>

Appendix C: Hepatitis C notifications and rates

Table 2: Characteristics of hepatitis C notifications with current infection (hepatitis C RNA-positive), NSW, 2021 – 2025.

Characteristic	2021 N = 1054	2022 N = 1007	2023 N = 1225	2024 N = 1210 ¹	2025 N = 960
Sex at birth					
Male	794 (75.3%)	758 (75.3%)	1,018 (83.1%)	995 (82.2%)	767 (79.9%)
Female	259 (24.6%)	248 (24.6%)	204 (16.7%)	214 (17.7%)	191 (19.9%)
Other/Not stated	1 (0.1%)	1 (0.1%)	3 (0.2%)	1 (0.1%)	2 (0.2%)
Age median (Q1, Q3)	42 (30, 55)	41 (30, 54)	36 (28, 50)	37 (29, 50)	39 (29, 54)
Age group at diagnosis					
0-14	4 (0.4%)	2 (0.2%)	1 (0.1%)	1 (0.1%)	1 (0.1%)
15-19	21 (2.0%)	12 (1.2%)	27 (2.2%)	16 (1.3%)	15 (1.6%)
20-24	107 (10.2%)	95 (9.4%)	158 (12.9%)	126 (10.4%)	103 (10.7%)
25-29	117 (11.1%)	139 (13.8%)	203 (16.6%)	178 (14.7%)	150 (15.6%)
30-34	110 (10.4%)	108 (10.7%)	184 (15.0%)	210 (17.4%)	129 (13.4%)
35-39	113 (10.7%)	104 (10.3%)	123 (10.0%)	147 (12.1%)	100 (10.4%)
40-44	116 (11.0%)	118 (11.7%)	120 (9.8%)	133 (11.0%)	93 (9.7%)
45-49	102 (9.7%)	93 (9.2%)	86 (7.0%)	85 (7.0%)	67 (7.0%)
50-54	89 (8.4%)	90 (8.9%)	94 (7.7%)	80 (6.6%)	69 (7.2%)
55-59	102 (9.7%)	85 (8.4%)	76 (6.2%)	67 (5.5%)	72 (7.5%)
60-64	83 (7.9%)	83 (8.2%)	58 (4.7%)	69 (5.7%)	62 (6.5%)
65-69	60 (5.7%)	40 (4.0%)	53 (4.3%)	54 (4.5%)	62 (6.5%)
70-74	18 (1.7%)	20 (2.0%)	22 (1.8%)	28 (2.3%)	29 (3.0%)
75-79	5 (0.5%)	8 (0.8%)	8 (0.7%)	9 (0.7%)	1 (0.1%)
80-84	5 (0.5%)	4 (0.4%)	4 (0.3%)	3 (0.2%)	1 (0.1%)
85+	2 (0.2%)	6 (0.6%)	7 (0.6%)	4 (0.3%)	6 (0.6%)
Local Health District					
Central Coast	43 (4.1%)	21 (2.1%)	30 (2.4%)	39 (3.2%)	33 (3.4%)
Far West	11 (1.0%)	3 (0.3%)	0 (0.0%)	5 (0.4%)	2 (0.2%)
Hunter New England	136 (12.9%)	169 (16.8%)	125 (10.2%)	88 (7.3%)	86 (9.0%)
Illawarra Shoalhaven	27 (2.6%)	49 (4.9%)	47 (3.8%)	41 (3.4%)	41 (4.3%)
Mid North Coast	59 (5.6%)	68 (6.8%)	58 (4.7%)	51 (4.2%)	23 (2.4%)
Murrumbidgee	31 (2.9%)	28 (2.8%)	23 (1.9%)	37 (3.1%)	35 (3.6%)
Nepean Blue Mountains	36 (3.4%)	40 (4.0%)	36 (2.9%)	24 (2.0%)	27 (2.8%)
Northern NSW	57 (5.4%)	40 (4.0%)	61 (5.0%)	67 (5.5%)	36 (3.8%)
Northern Sydney	31 (2.9%)	38 (3.8%)	25 (2.0%)	34 (2.8%)	22 (2.3%)
South Eastern Sydney	81 (7.7%)	61 (6.1%)	80 (6.5%)	77 (6.4%)	65 (6.8%)
South Western Sydney	93 (8.8%)	78 (7.7%)	93 (7.6%)	83 (6.9%)	64 (6.7%)
Southern NSW	14 (1.3%)	24 (2.4%)	19 (1.6%)	19 (1.6%)	9 (0.9%)
Sydney	52 (4.9%)	60 (6.0%)	50 (4.1%)	65 (5.4%)	46 (4.8%)
Western NSW	50 (4.7%)	37 (3.7%)	44 (3.6%)	59 (4.9%)	51 (5.3%)
Western Sydney	105 (10.0%)	100 (9.9%)	130 (10.6%)	137 (11.3%)	134 (14.0%)
Justice Health	228 (21.6%)	191 (19.0%)	404 (33.0%)	384 (31.7%)	286 (29.8%)

Data source: NCIMS, NSW Health (via SAPHaRI). Data extracted 30 March 2026. Note: Excludes non-NSW residents. Year of notification is based on calculated onset date. Hepatitis C RNA-positive result is either standalone or must be within 90 days of hepatitis C Ab-positive result to be classified as hepatitis C current infection.

Table 3: Hepatitis C current infection rates (hepatitis C RNA-positive) per 100,000 population by reported sex at birth, age group and Local Health District of residence, NSW 2021-2025.

Characteristic	2021	2022	2023	2024	2025
Gender					
Female	6.3	6.0	4.9	5.1	4.5
Male	19.6	18.7	25.0	24.3	18.5
Other/Not stated	NA	NA	NA	NA	NA
Age group at diagnosis					
0-14	0.3	0.1	0.1	0.1	0.1
15-19	4.5	2.5	5.6	3.2	2.9
20-24	20.5	18.9	32.1	25.7	20.8
25-29	19.8	24.2	36.2	32.2	27.0
30-34	18.1	17.9	30.7	35.2	21.6
35-39	19.3	17.7	20.9	24.9	16.7
40-44	22.3	22.2	22.0	23.8	16.3
45-49	19.8	18.4	17.2	17.1	13.3
50-54	17.9	17.7	18.3	15.5	13.3
55-59	20.9	17.8	16.1	14.2	15.1
60-64	17.7	17.4	12.0	14.2	12.8
65-69	14.6	9.5	12.4	12.4	13.9
70-74	4.9	5.5	6.0	7.5	7.6
75-79	1.9	2.8	2.6	2.9	0.3
80-84	2.8	2.1	2.0	1.5	0.5
85+	1.1	3.2	3.6	2.0	2.9
Local Health District					
Central Coast	12.4	6.0	8.5	11.0	9.2
Far West	38.3	10.6	0.0	18.1	7.3
Hunter New England	14.3	17.7	13.0	9.0	8.7
Illawarra Shoalhaven	6.3	11.3	10.8	9.3	9.1
Mid North Coast	25.9	29.8	25.2	22.0	9.9
Murrumbidgee	10.3	9.3	7.6	12.1	11.4
Nepean Blue Mountains	9.4	10.4	9.4	6.2	6.9
Northern NSW	18.5	12.9	19.6	21.4	11.4
Northern Sydney	3.2	4.0	2.6	3.5	2.3
South Eastern Sydney	8.5	6.5	8.6	8.3	6.9
South Western Sydney	8.9	7.4	8.8	7.7	5.9
Southern NSW	6.5	11.1	8.7	8.6	4.0
Sydney	7.5	8.6	7.2	9.3	6.5
Western NSW	17.7	13.1	15.5	20.7	17.7
Western Sydney	10.1	9.6	12.3	12.8	12.3
Justice Health	NA	NA	NA	NA	NA

Data source: NCIMS, NSW Health and population projections, Department of Planning, Housing and Infrastructure (via SAPHaRI). Data extracted 30 March 2026. Note: Excludes non-NSW residents. Year of notification is based on calculated onset date. Data are provisional and subject to change. NA is applied when the denominator (total population) is unavailable. For Justice Health this is because the available population data provides the number of annual incarcerations, not the number of people incarcerated.

Appendix D: DBS and POC testing

Table 4: Number of DBS tests completed by LHD NSW 2021 – 2025

LHD	2021	2022	2023	2024	2025
Sydney	242	496	770	655	784
South Western Sydney	234	683	879	902	709
South Eastern Sydney	471	847	965	764	1243
Northern Sydney	83	238	358	484	350
Western Sydney	168	227	138	123	274
Illawarra Shoalhaven	39	143	237	287	268
Nepean Blue Mountains	103	339	308	280	187
Central Coast	27	79	66	129	286
Hunter New England	30	187	98	87	92
Northern NSW	43	400	509	203	265
Mid North Coast	152	208	351	363	355
Southern NSW	8	19	35	82	107
Murrumbidgee	10	52	127	517	269
Western NSW	90	62	67	59	81
Far West	12	4	1	1	2
Justice Health	288	1585	2327	437	310
Total	2,000	5,569	7,236	5,373	5,582

Data source: NSW HIV and hepatitis C DBS Testing Pilot.

Note: The data may be different compared with the previous report due to updates and revisions in the source data systems.

Table 5: Number of POC tests completed by LHD NSW 2022 –2025

LHD	2022	2023	2024	2025
Sydney	31	235	265	92
South Western Sydney	5	123	20	7
South Eastern Sydney	232	273	305	552
Northern Sydney	0	71	46	13
Western Sydney	33	308	217	239
Illawarra Shoalhaven	99	150	68	52
Nepean Blue Mountains	9	204	203	153
Central Coast	0	0	0	31
Hunter New England	0	46	44	288
Northern NSW	0	5	1	0
Mid North Coast	39	136	128	125
Southern NSW	0	0	0	0
Murrumbidgee	0	5	0	0
Western NSW	100	121	230	90
Far West	2	9	0	1
Justice Health	839	1519	1464	2878
Total	1,389	3,205	2,991	4,521

Data source: National Australian HCV POC Testing Program. Note: The National Australian HCV POC Testing Program commenced in January 2022.

Note: The data may be different compared with the previous report due to updates and revisions in the source data systems.

Appendix E: People initiating hepatitis C treatment in Local Health Districts

Analysing people commencing initial hepatitis C treatments by age group is important to understand which age groups are most susceptible to acquiring hepatitis C.

In 2025, Hunter New England treated the largest number of people (n=212), followed by Western Sydney (n=130) and South Western Sydney (n=121). The largest number of people commencing treatment were from age groups 55-64 years and 45-54 years.

Table 6: Number of people in NSW commenced initial hepatitis C treatments by age group and Local Health District of patient residence, 2025

LHD	0-24	25-34	35-44	45-54	55-64	65+	Total
Sydney	4	15	12	13	16	16	76
South Western Sydney	3	16	21	24	37	20	121
South Eastern Sydney	4	10	12	15	26	18	85
Northern Sydney	1	5	6	11	14	8	45
Western Sydney	6	16	26	32	32	18	130
Illawarra Shoalhaven	9	13	16	22	19	15	94
Nepean Blue Mountains	2	7	13	11	13	4	50
Central Coast	1	11	10	14	24	13	73
Hunter New England	9	29	45	56	46	27	212
Northern NSW	7	15	10	19	28	12	91
Mid North Coast	3	10	10	3	11	11	48
Southern NSW	1	7	3	10	3	7	31
Murrumbidgee	6	24	22	22	23	1	98
Western NSW	1	10	9	16	16	7	59
Far West	2		2	3			7
Total	59	188	217	271	308	177	1220

Data source: Pharmaceutical Benefits Scheme.

Appendix G: Needle and Syringe Program

Needle and Syringe Programs are evidence based, cost-effective ways to prevent hepatitis C transmission. A harm reduction approach, combined with other complementary prevention strategies is central to prevention efforts in NSW.

In 2025, NSW had 32 primary outlets, 242 secondary outlets, 630 pharmacy outlets and 296 automatic dispensing machines.

Table 7: Number of units of injecting equipment distributed by local health district in NSW, 2025.

Local Health District	Public	Pharmacy
Central Coast	983,904	28,762
Far West	176,159	200
Hunter New England	2,838,325	405,814
Illawarra Shoalhaven	1,091,401	26,315
Mid North Coast	799,190	49,158
Murrumbidgee	749,476	10,500
Nepean Blue Mountains	994,818	18,600
Northern NSW	821,401	1,300
Northern Sydney	716,141	17,333
South Eastern Sydney	1,664,399	194,331
South Western Sydney	1,871,764	345,988
Southern NSW	286,790	8,104
Sydney	2,011,898	225,826
Western NSW	1,017,193	11,981
Western Sydney	978,949	103,758
Total	17,001,808	1,447,970
ACON	337,282	-
NUAA	1,063,118	-
Total	18,402,208	-

Data source: Local Health District Needle and Syringe Program and the NSW Pharmacy Fitpack Scheme.

The Kirby Institute is responsible for the annual NSW Needle and Syringe Program Enhanced Data Collection (NNEDC) and the Needle Syringe Program National Minimum Data Collection. Both data collections provide annual snapshots of the NSW Needle and Syringe Program. For further information about the NSW Needle and Syringe Program and its population, see the 2025 reports:

- [Needle Syringe Program National Minimum Data Collection 2025 National Data Report](#)
- [New South Wales Needle and Syringe Program Enhanced Data Collection 2025 Report](#)

