Public Health Ontario | Santé publique Ontario

SURVEILLANCE REPORT

Hepatitis C in Ontario: Focus on 2023

Published: January 2025

Purpose

This annual report summarizes data on trends over time, age and sex, geography, infection status, risk factors and testing for confirmed cases of hepatitis C in Ontario with a focus on cases reported in 2023.[1]

It includes the most current information available from Ontario's integrated Public Health Information System (iPHIS) as of **August 22, 2024**. Cases meeting the provincial confirmed hepatitis C case definition are included in this report.

Surveillance data for hepatitis C reported between 2020 and 2023 should be interpreted with caution due to changes in the availability of health care, health seeking behaviour, public health follow-up, and case entry during the COVID-19 pandemic and subsequent recovery period.

Key Messages

- Reported cases of hepatitis C have declined overall in Ontario since 2019, largely driven by a decrease in cases classified as previously acquired/unspecified.[1] This decline coincided with the COVID-19 pandemic and should be interpreted with caution as the decrease may be indicative of gaps in the identification, diagnosis and reporting of hepatitis C cases.
- If declining trends in the number of newly acquired hepatitis C cases in Ontario continue, the province will be on track to reach some of the World Health Organization's (WHO) global hepatitis C 80% elimination targets by 2030.[2] Continued reductions in newly acquired cases and additional years of data are necessary to reach and confirm these targets.
- The highest rates of hepatitis C in Ontario continue to occur in males and individuals residing in northern Ontario. Over the past decade, the rate of hepatitis C among males has consistently exceeded that of females, although this gap has narrowed recently. Three northern health units' account for approximately 10% of hepatitis C cases but represent only 2% of Ontario's population.
- Among newly acquired cases of hepatitis C in Ontario in 2023 where risk factors were reported, nearly 60% of cases had injection, inhalation or other drug use reported. Adequate distribution of harm reduction equipment and access to harm reduction services is essential for the prevention of new hepatitis C infections.[3]
    - Over 40% of all hepatitis C cases in 2023 had no risk factor information reported. Additional public health investment to assist with resource-intensive case follow-up and improved data collection and entry may provide a more comprehensive picture of hepatitis C epidemiology in Ontario that can better inform prevention strategies and programs.

Overview

Trends Over Time

- In 2023, 3,406 hepatitis C cases were reported in Ontario. The provincial reported rate of hepatitis C in 2023 was 21.8 cases per 100,000 population. The peak reported rate of hepatitis C in the past decade occurred in 2018 (37.5) and it has since decreased by approximately 40% from 2018 to 2023.
- Males accounted for 60.8% (2,070/3,406) of hepatitis C cases reported in Ontario in 2023 and females accounted for 38.9% (1,326/3,406) of cases. This corresponds to an overall reported rate of 26.7 per 100,000 population for males and 16.9 cases per 100,000 population for females (Figure 1).

Timing of Infection

- Among hepatitis C cases reported in 2023, 97.2% (3,311/3,406) could be classified as either newly acquired or previously acquired/unspecified infections. Of these, 78.8% (2,609/3,311) were classified as previously acquired and 21.2% (702/3,311) were classified as newly acquired (Figure 2).

Age, Sex, and Infection Status

- The overall reported rate of hepatitis C cases per 100,000 population in 2023 was highest among those 40-49 years of age for male cases (46.2) and among those 30-39 for female cases (34.9) (Figure 3).
- For hepatitis C cases reported in 2023 with a known infection status and age, cases with infections classified as previously acquired were older (median age: 45.1 years; interquartile range [IQR] 34.0-60.4 years) than those classified as newly acquired (median age: 38.4 years, IQR 31.2-49.6 years) (Table 1).
- Among reported hepatitis C cases in 2023 with a known RNA infection status at first report to the public health unit, 54.6% (1,492/2,733) were RNA+ (i.e., current HCV infection) and 45.4% (1,241/2,733) were RNA- (Table 2).

Risk Factors

- 57.1% of hepatitis C cases (1,945/3,406) had at least one risk factor reported in iPHIS. Among these cases, the most common risk factor reported was injection, inhalation or other drug use (44.1%). The proportion of cases reporting injection, inhalation or other drug use was higher among cases classified as newly acquired infections at almost 60% compared to 39.4% for cases identified as previously acquired infections.
- Cases that had previously acquired infections reported a higher proportion of the following risk factors compared to cases with newly acquired infections: being born in an endemic country (27.9% vs 5.8%) and medical or dental procedure (13.6% vs 8.0%) (Table 3).

Geography

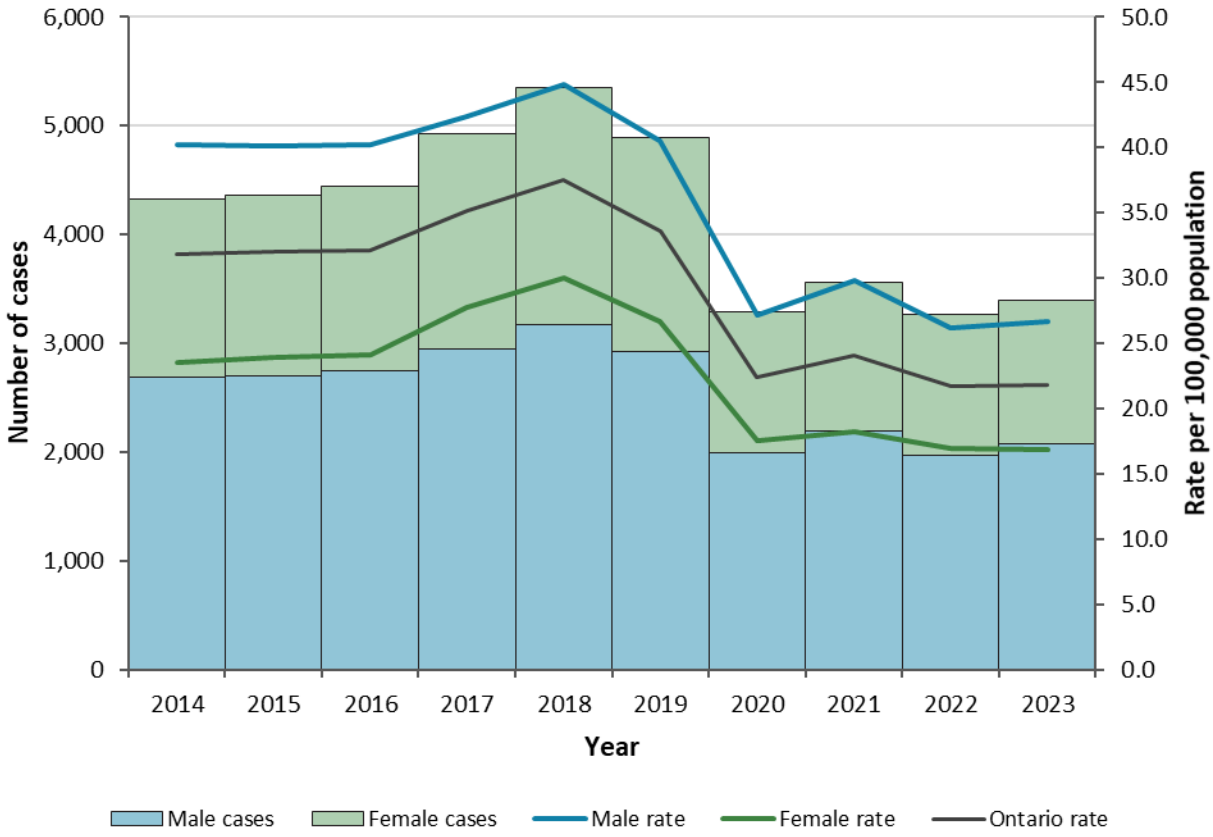
- The highest rates of hepatitis C in Ontario in 2023 were reported by three public health units (PHUs) in northern Ontario: Northwestern Health Unit (147.8 cases per 100,000), Thunder Bay District Health Unit (73.5 cases per 100,000) and Porcupine Health Unit (73.2 cases per 100,000).
- While Public Health Sudbury & Districts reported the lowest rate per 100,000 population of previously acquired/unspecified hepatitis C cases (2.3) among PHUs, it had the second highest rate of newly acquired infections (35.2) following Northwestern Health Unit (82.9) (Figure 4a).

Testing

- Close to 90% (89.1%; 3,035/3,406) of antibody positive hepatitis C cases reported in 2023 had an RNA test ever recorded in iPHIS. Just over half of cases with an RNA test ever recorded were RNA positive (56.1%; 1,703/3,035) (Figure 5).

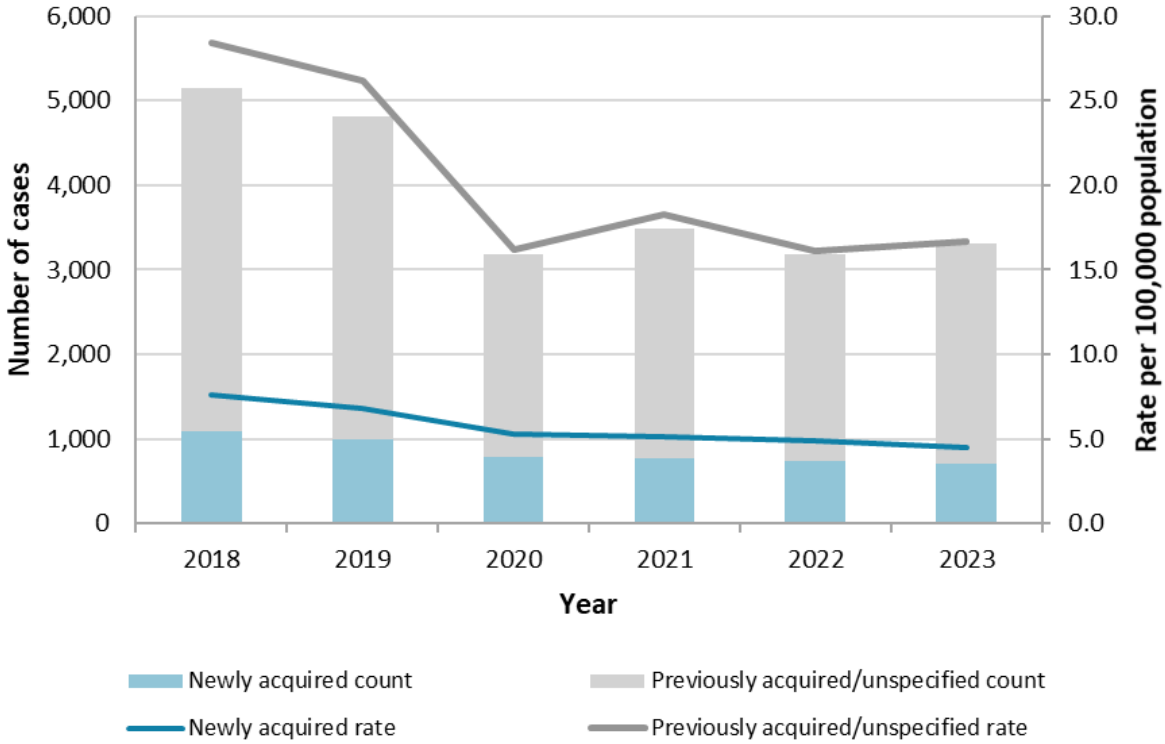
Trends Over Time

Figure 1: Hepatitis C Cases and Rates Per 100,000 Population by Year and Sex: Ontario, 2014-2023



Data sources: Cases: integrated Public Health Information System (iPHIS) [database]; Population Estimates: Statistics Canada.
Note: Cases that did not identify as male or female were excluded from sex-specific counts and rates.

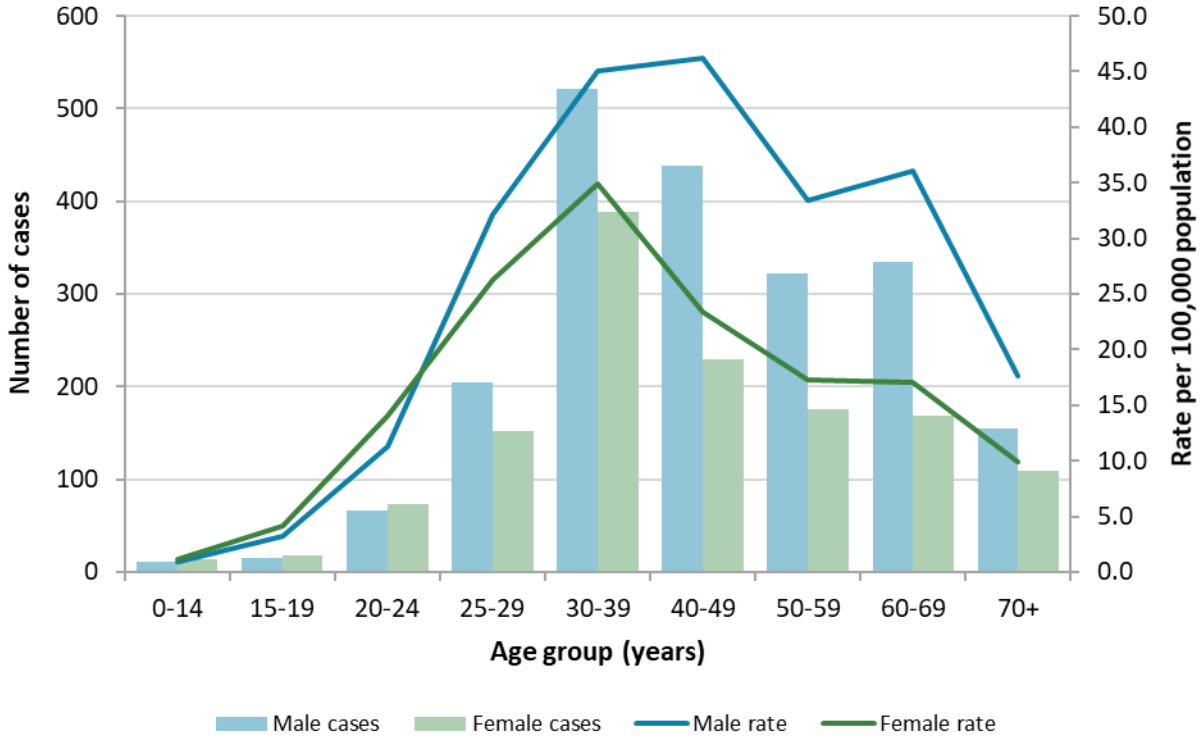
Figure 2: Hepatitis C Cases and Rates Per 100,000 Population by Infection Status and Year: Ontario, 2014-2023



Data sources: iPHIS; Statistics Canada

Age, Sex, and Infection Status

Figure 3: Hepatitis C Cases and Rates Per 100,000 Population by Age and Sex: Ontario, 2023



Data sources: iPHIS; Statistics Canada
Notes: Excludes cases with an aetiologic agent reported as 'Inactivated' in iPHIS.

Table 1: Hepatitis C Cases and Rates Per 100,000 Population by Age, Sex, and Timing of Infection: Ontario, 2023 by Agent

Demographic Characteristic	Newly Acquired Infections (n=702)	Previously Acquired/ Unspecified Infections (n=2,609)	Infections Not Defined (n=95)	Total (n=3,406)
Mean Age (Years)	41.2	47.3	38.5	45.8
Median Age and IQR (Years)	38.4 (31.2-49.6)	45.1 (34-60.4)	36.2 (30.3-45.4)	42.9 (33.1-58.6)
Age Group: 0 – 14 Years	7 (0.3)	15 (0.6)	3 (0.1)	25 (1.1)
Age Group: 15 – 19 Years	8 (0.9)	22 (2.5)	3 (0.3)	33 (3.7)
Age Group: 20 – 24 Years	36 (3.3)	98 (8.9)	5 (0.5)	139 (12.6)
Age Group: 25 – 29 Years	89 (7.3)	260 (21.3)	11 (0.9)	360 (29.5)
Age Group: 30 – 39 Years	238 (10.5)	637 (28.1)	35 (1.5)	910 (40.1)
Age Group: 40 – 49 Years	156 (8.1)	493 (25.6)	20 (1.0)	669 (34.7)
Age Group: 50 – 59 Years	78 (3.9)	413 (20.9)	8 (0.4)	499 (25.2)
Age Group: 60 – 69 Years	70 (3.7)	427 (22.3)	7 (0.4)	504 (26.4)
Age Group: 70+ Years	20 (1.0)	242 (12.2)	3 (0.2)	265 (13.4)
Age Group: Unknown	0 (N/A)	2 (N/A)	0 (N/A)	2 (N/A)
Sex: Female	283 (3.6)	1,007 (12.8)	36 (0.5)	1,326 (16.9)
Sex: Male	418 (5.4)	1,594 (20.5)	58 (0.7)	2,070 (26.7)
Sex: Transgender	0 (N/A)	2 (N/A)	0 (N/A)	2 (N/A)
Sex: Other	0 (N/A)	1 (N/A)	0 (N/A)	1 (N/A)
Sex: Unknown	1 (N/A)	5 (N/A)	1(N/A)	7 (N/A)

IQR: interquartile range
Data source: iPHIS; Statistics Canada
Notes: Excludes cases with an aetiologic agent reported as 'Inactivated' in iPHIS.

Table 2: Hepatitis C Cases by Infection Status and Timing of Infection: Ontario, 2023

Infection Status	Newly Acquired Infections n (%)	Previously Acquired/ Unspecified Infections n (%)	Infections Not Defined n (%)	Total n (%)
RNA Positive	441 (62.8%)	1,051 (40.3%)	0 (0.0%)	1,492 (43.8%)
RNA Negative	166 (23.6%)	1,075 (41.2%)	0 (0.0%)	1,241 (36.4%)
RNA Unspecified	95 (13.5%)	483 (18.5%)	0 (0.0%)	578 (17%)
Not Defined	0 (0.0%)	0 (0.0%)	95 (100%)	95 (2.8%)
Total	**702 (100%)**	**2,609 (100%)**	**95 (100%)**	**3,406 (100%)**

Data source: iPHIS
Notes: Excludes cases with an aetiologic agent reported as 'Inactivated' in iPHIS. An infection status of RNA positive is evidence of an active infection.

Risk Factors

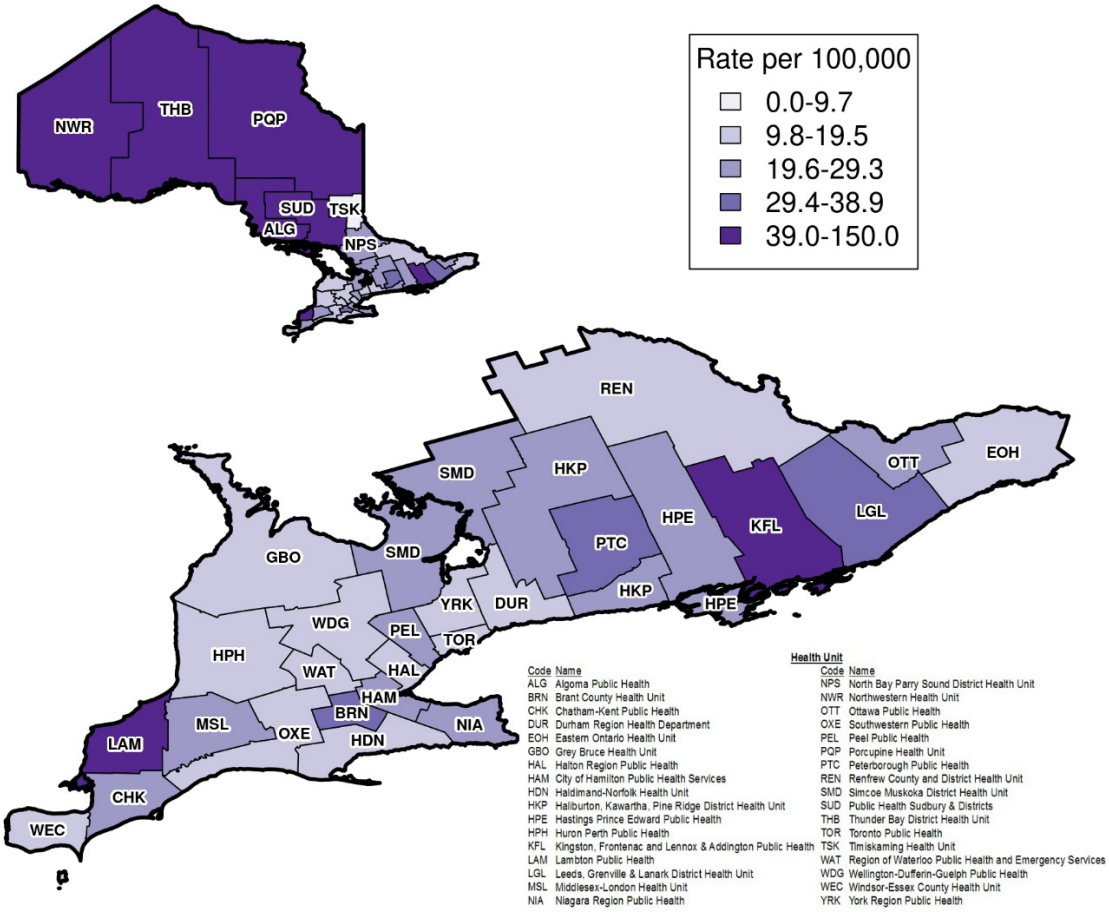
Table 3: Risk Factors for Cases of Hepatitis C by Timing of Infection Among Cases Reporting At Least One Risk Factor*: Ontario, 2023

Risk Factor	Newly Acquired Infections n (%)	Previously Acquired/ Unspecified Infections n (%)	Infections Not Defined n (%)	Total n (%)
Injection/Inhalation/Other Drug Use	298 (59.8%)	553 (38.6%)	7 (43.8%)	858 (44.1%)
Sex with Opposite Sex	218 (43.8%)	454 (31.7%)	4 (25%)	676 (34.8%)
Born in an Endemic Country	29 (5.8%)	399 (27.9%)	3 (18.8%)	431 (22.2%)
Personal Service Settings	109 (21.9%)	272 (19.0%)	3 (18.8%)	384 (19.7%)
Persons Experiencing Homelessness/Inadequate Housing	127 (25.5%)	249 (17.4%)	2 (12.5%)	378 (19.4%)
Correctional Facility	122 (24.5%)	248 (17.3%)	4 (25%)	374 (19.2%)
Other	86 (17.3%)	228 (15.9%)	5 (31.3%)	319 (16.4%)
Medical or Dental Procedure	40 (8%)	194 (13.6%)	3 (18.8%)	237 (12.2%)
High Risk Sexual Activity	87 (17.5%)	99 (6.9%)	0 (0.0%)	186 (9.6%)
Blood Products/Organ Transplant	32 (6.4%)	85 (5.9%)	4 (25.0%)	121 (6.2%)
Sex with Same Sex	33 (6.6%)	44 (3.1%)	4 (25.0%)	81 (4.2%)
Mother to Child	4 (0.8%)	3 (0.2%)	0 (0.0%)	7 (0.4%)
Immunocompromised	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)

Data source: iPHIS
Notes: *Excludes cases that reported a risk factor of 'Unknown'. The table is sorted in descending order by the proportion of total cases. Excludes cases with an aetiologic agent reported as 'Inactivated' in iPHIS. Among cases that reported at least one risk factor (n=1,945), 498 were newly acquired infections, 16 were not defined and 1,431 were previously acquired/unspecified infections. Risk factor groupings are further detailed in the Technical Notes.

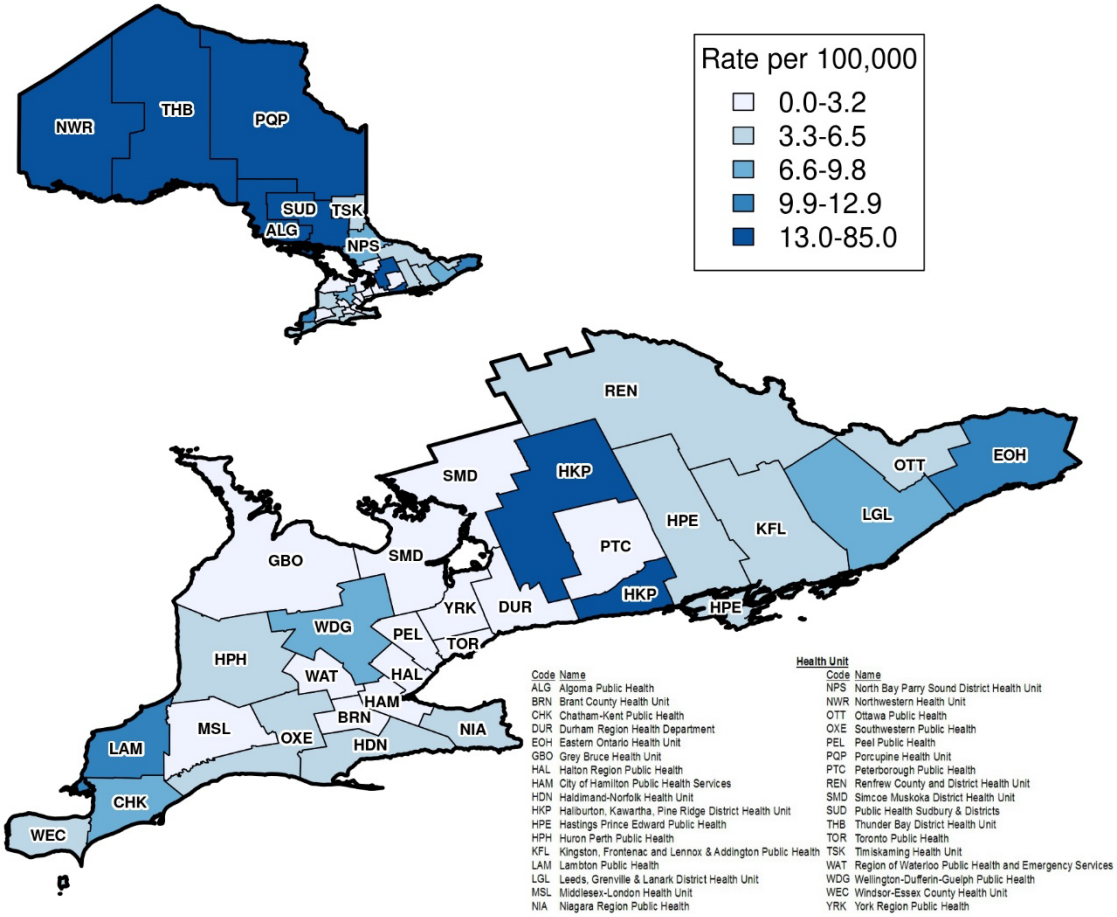
Geography

Figure 4a: Overall Hepatitis C Rates Per 100,000 Population by Public Health Unit: Ontario, 2023



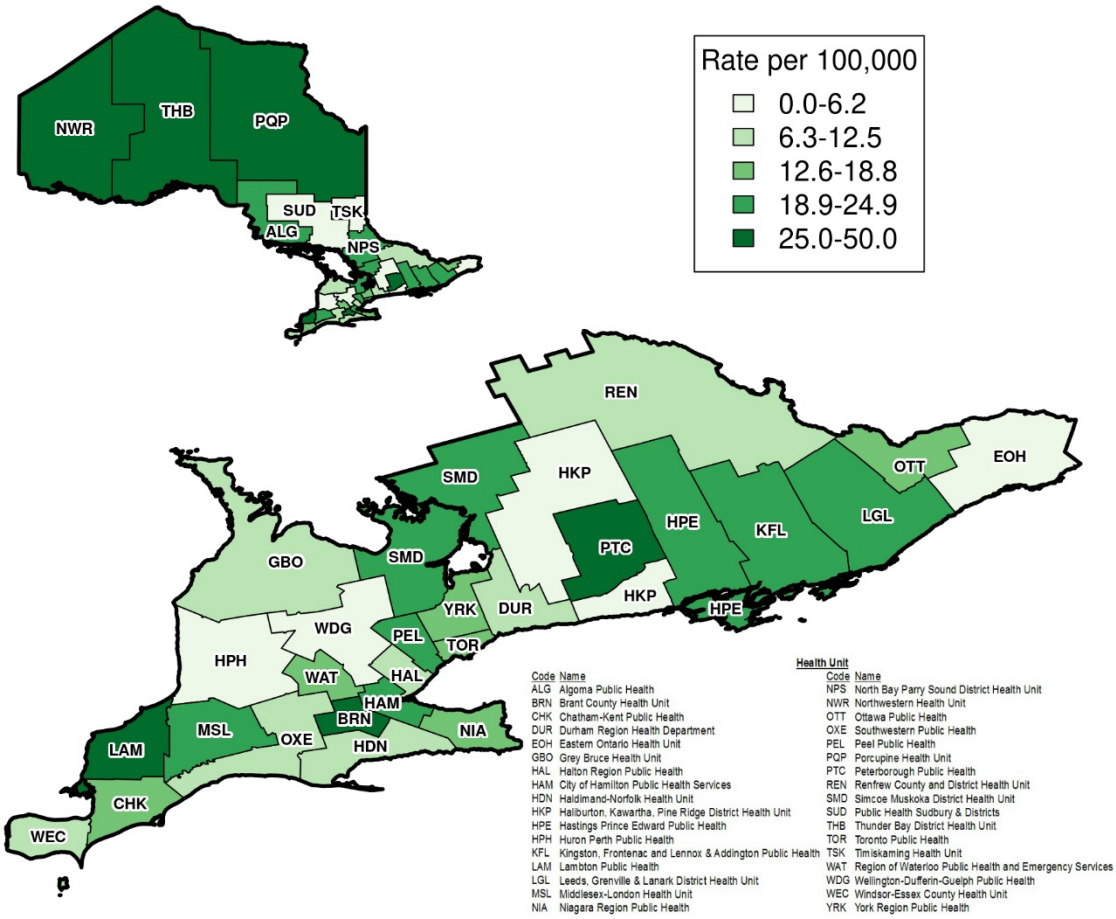
Data sources: iPHIS; Statistics Canada
Notes: Case count and rates summarized in Appendix 1: Table A1.

Figure 4b: Newly Acquired Hepatitis C Rates Per 100,000 Population by Public Health Unit: Ontario, 2023



Data sources: iPHIS; Statistics Canada
Notes: Case count and rates summarized in Appendix 1: Table A1.

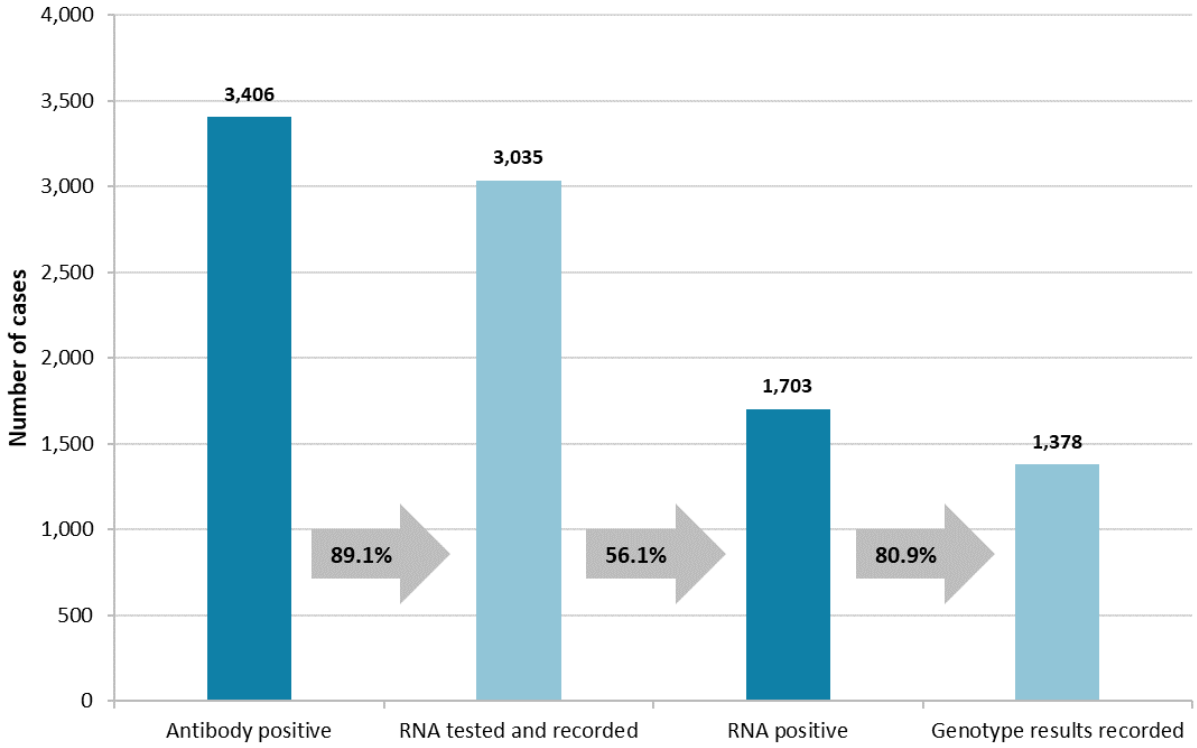
Figure 4c: Previously Acquired/Unspecified Hepatitis C Rates Per 100,000 Population by Public Health Unit: Ontario, 2023



Data sources: iPHIS; Statistics Canada
Notes: Case count and rates summarized in Appendix 1: Table A1.

Testing

Figure 5: Testing Cascade for Confirmed Hepatitis C Cases Reported in iPHIS: Ontario, 2023



Data sources: iPHIS

Technical Notes

Data Sources

Case Data

- The data for this report are based on information entered in the Ontario Ministry of Health (MOH) integrated Public Health Information System (iPHIS) database as of **August 22, 2024**.
- iPHIS is a dynamic disease reporting system that allows ongoing updates to previously entered data. As a result, data extracted from iPHIS represent a snapshot at the time of extraction and may differ from previous or subsequent reports.

Ontario Population Data

- Statistics Canada. Table 17-10-0157-01 Population estimates, July 1, by health region and peer group, 2023 boundaries [Internet]. Ottawa, ON: Government of Canada; 2024 Jun 19 [extracted 2024 Jun 28].[4]

Data Caveats

- Data reported for 2020 to 2023 should be interpreted with caution. Both testing and iPHIS data entry practices were likely impacted by the COVID-19 pandemic response and subsequent recovery period.
- These data only represent laboratory-confirmed cases of hepatitis C reported to public health and recorded in iPHIS. As a result, all case counts are subject to varying degrees of underreporting due to a variety of factors, such as disease awareness and medical care seeking behaviours, that may depend on severity of illness, clinical practices, and changes in laboratory testing and reporting behaviours.
- Only hepatitis C meeting the confirmed case classification as listed in the Ontario MOH surveillance case definitions are included in the reported case counts.[1]
    - Provincial surveillance case definitions available online under the Infectious Diseases Protocol are the most current.
    - Changes to provincial surveillance case definitions and disease classifications have occurred over the years and thus may impact the analysis/interpretation of trends over time. Cases are classified in iPHIS based on the Ontario MOH surveillance case definitions in use at the time the case was identified.
    - PHO's technical report "Factors Affecting Reporting Diseases in Ontario: Case Definition Changes and Associated Trends 1991-2016" and its associated appendix provide more detailed information on this topic.[5,6]
- In January 2018, the provincial case definition for hepatitis C was changed to differentiate between newly and previously acquired cases, as well as infection status (i.e., RNA positive, RNA negative, or RNA unspecified). Additionally, changes were made to the *Health Protection and Promotion Act,* Regulation 569 (sec. 3. (2).2) to include reporting of all hepatitis C RNA results, including initial and all subsequent tests. To align with these changes, PHO began reporting all RNA test results to PHUs (after the first positive antibody or RNA result was reported) along with a cumulative report showing historical test results, including the last negative test.

- Cases of hepatitis C are reported based on the Episode Date, which is an estimate of the onset date of disease for a case. In order to determine this date, the following hierarchy exists in iPHIS: Onset Date > Specimen Collection Date > Lab Test Date > Reported Date.
    - For example: If an Onset Date exists, it will be used as the Episode Date. If Onset Date is not available, then the next available date in the hierarchy (i.e., Specimen Collection Date) will be used, and so on.
- Hepatitis C often remains undiagnosed for extended periods of time and detection by public health is generally not indicative of the actual date the infection was acquired.
- Case counts by geography is based on the diagnosing health unit (DHU). DHU refers to the case's public health unit of residence at the time of illness onset or report to public health and not necessarily the location of exposure.
    - Cases for which the DHU was reported as MOHLTC (to signify a case that is not a resident of Ontario) or MUSKOKA-PARRY SOUND (a public health unit that no longer exists) were excluded from this analysis.
- Cases for which the Disposition Status was reported as ENTERED IN ERROR, DOES NOT MEET DEFINITION, DUPLICATE-DO NOT USE, or any variation on these values, were excluded from this analysis.
- The potential for duplicates exists because duplicate sets were not identified and excluded unless they were already resolved at either the local or provincial level prior to data extraction from iPHIS.
- In order to determine the target incidence per year to achieve the WHO's hepatitis C 80% elimination target in 2030, the 2018 hepatitis C incidence (as of August 22, 2024) as was used as the reference year (n=1,083) to calculate the 80% elimination target for 2030: 1,083-(1,083*0.8) = 216.6.
- Cases may have more than one risk factor reported in iPHIS. Data entry for risk factors may not be complete due to reporting and/or data entry lags.
- Cases that reported "Yes" to each of the included risk factors in iPHIS were included. Some risk factors in iPHIS were grouped into larger categories as detailed below.
    - Blood products/organ transplant: Includes cases that reported "Yes" to any of the following: 'Organ/tissue transplant', 'Organ/tissue transplant abroad', 'Received blood or blood products', 'Received blood or blood products abroad'
    - Born in an endemic country
    - Correctional facility
    - High risk sexual activity: Includes cases that reported "Yes" to any of the following: 'High risk sexual activity', 'Repeat STI', 'Sex worker'
    - Immunocompromised
    - Injection/Inhalation/Other drug use: Includes cases that reported "Yes" to any of the following: 'Injection drug use', 'Shared drug use equipment', 'Inhalation drug use', 'Intranasal drug use'
    - Medical or dental procedure: Includes cases that reported "Yes" to any of the following: 'Dialysis recipient', 'Invasive dental procedures abroad', 'Invasive dental procedures in Canada', 'Invasive medical/surgical procedures abroad', 'Invasive medical/surgical procedures in Canada'
    - Mother to child

- Other: Includes cases that reported “Yes” to any of the following: ‘Contact is hepatitis C positive’, ‘Contact is HIV positive’, ‘Fighting, biting, blood brother’, ‘HIV status’, ‘Occupational exposure to potentially hepatitis C contaminated body fluids’, ‘Other’, ‘Pre-exposure prophylaxis (PrEP) for HIV’, ‘Pregnant’, ‘Shared personal items, e.g. toothbrush, razor blades’
- Personal service settings: Includes cases that reported “Yes” to any of the following: ‘Acupuncture’, ‘Electrolysis’, ‘Piercing’, ‘Tattoo’, ‘Other personal setting’
- Persons experiencing homelessness/inadequate housing
- Sex with opposite sex
- Sex with same sex

- Risk factors reported for hepatitis C cases may not reflect the mode of acquisition.
- Testing cascade classification algorithm:
  - All reported cases of hepatitis C are assumed to have had a positive antibody result.
  - RNA test ever recorded in iPHIS is based on entry in either the laboratory section or aetiologic agent field in iPHIS.
  - RNA positive result ever recorded in iPHIS is based on entry in either the laboratory section or aetiologic agent field in iPHIS.
  - Genotype ever recorded in iPHIS is based on results entered in the laboratory section or subtype field in iPHIS. Note that at PHO, hepatitis C genotyping is performed on the first baseline pre-treatment RNA test if the viral load is >500 copies/mL and results should be available on the cumulative report provided to PHUs.
  - Cases may be missing laboratory information in iPHIS if the test was not performed, not received by the PHU, or not entered in iPHIS.

References

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5. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Factors affecting reportable diseases in Ontario (1991-2016). Toronto, ON: Queen's Printer for Ontario; 2018. Available from: https://www.publichealthontario.ca/-/media/documents/f/2018/factors-reportable-diseases-ontario-1991-2016.pdf
6. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Appendix: factors affecting case definition changes in Ontario (1991-2016) [Internet]. Toronto, ON: Queen's Printer for Ontario; 2018 [cited 2024 Oct 16]. Available from: https://www.publichealthontario.ca/-/media/documents/A/2018/appendix-factors-reportable-diseases-ontario-1991-2016.pdf

Appendix A

Table A1: Hepatitis C Case Counts and Rates Per 100,000 Population by Public Health Unit and Timing of Infection: Ontario, 2023

Public Health Unit	Newly Acquired	Previously Acquired/ Unspecified	Not Defined	Total
Algoma Public Health	23 (18.6)	30 (24.2)	0 (0.0)	53 (42.8)
Brant County Health Unit	4 (2.4)	52 (30.6)	2 (1.2)	58 (34.2)
Chatham-Kent Public Health	8 (7.2)	14 (12.6)	0 (0.0)	22 (19.8)
City of Hamilton Public Health Services	13 (2.1)	144 (23.4)	1 (0.2)	158 (25.7)
Durham Region Health Department	21 (2.7)	77 (10.0)	0 (0.0)	98 (12.8)
Eastern Ontario Health Unit	26 (11.3)	7 (3.0)	0 (0.0)	33 (14.4)
Grey Bruce Health Unit	6 (3.2)	16 (8.4)	1 (0.5)	23 (12.1)
Haldimand-Norfolk Health Unit	6 (4.7)	9 (7.1)	0 (0.0)	15 (11.8)
Haliburton, Kawartha, Pine Ridge District Health Unit	39 (19.1)	11 (5.4)	0 (0.0)	50 (24.5)
Halton Region Public Health	7 (1.1)	70 (10.9)	4 (0.6)	81 (12.6)
Hastings Prince Edward Public Health	10 (5.4)	41 (22.1)	2 (1.1)	53 (28.5)
Huron Perth	8 (5.2)	9 (5.8)	0 (0.0)	17 (11.0)
Kingston, Frontenac and Lennox & Addington Public Health	13 (5.8)	48 (21.4)	29 (12.9)	90 (40.1)
Lambton Public Health	18 (12.8)	37 (26.2)	0 (0.0)	55 (39.0)
Leeds, Grenville & Lanark District Health Unit	15 (7.7)	43 (22.2)	1 (0.5)	59 (30.5)
Middlesex-London Health Unit	12 (2.1)	131 (23.2)	0 (0.0)	143 (25.4)
Niagara Region Public Health	30 (5.7)	90 (17.1)	0 (0.0)	120 (22.8)

Public Health Unit	Newly Acquired	Previously Acquired/ Unspecified	Not Defined	Total
North Bay Parry Sound District Health Unit	13 (9.1)	28 (19.7)	0 (0.0)	41 (28.9)
Northwestern Health Unit	69 (82.9)	32 (38.5)	22 (26.4)	123 (147.8)
Ottawa Public Health	51 (4.6)	175 (15.7)	1 (0.1)	227 (20.4)
Peel Public Health	5 (0.3)	349 (22.0)	1 (0.1)	355 (22.4)
Peterborough Public Health	1 (0.6)	45 (27.6)	3 (1.8)	49 (30.1)
Porcupine Health Unit	28 (31.5)	36 (40.5)	1 (1.1)	65 (73.2)
Public Health Sudbury & Districts	77 (35.2)	5 (2.3)	12 (5.5)	94 (43.0)
Region of Waterloo Public Health and Emergency Services	14 (2.1)	90 (13.3)	8 (1.2)	112 (16.6)
Renfrew County and District Health Unit	7 (6.1)	13 (11.3)	1 (0.9)	21 (18.3)
Simcoe Muskoka District Health Unit	9 (1.4)	154 (23.3)	0 (0.0)	163 (24.6)
Southwestern Public Health	9 (3.8)	28 (11.9)	5 (2.1)	42 (17.8)
Thunder Bay District Health Unit	51 (31.5)	67 (41.4)	1 (0.6)	119 (73.5)
Timiskaming Health Unit	2 (5.8)	1 (2.9)	0 (0.0)	3 (8.7)
Toronto Public Health	46 (1.5)	548 (17.6)	0 (0.0)	594 (19.1)
Wellington-Dufferin-Guelph Public Health	27 (8.1)	11 (3.3)	0 (0.0)	38 (11.4)
Windsor-Essex County Health Unit	29 (6.2)	37 (7.9)	0 (0.0)	66 (14.1)
York Region Public Health	5 (0.4)	161 (12.9)	0 (0.0)	166 (13.3)
Ontario	**702 (4.5)**	**2,609 (16.7)**	**95 (0.6)**	**3,406 (21.8)**

Data sources: iPHIS; Statistics Canada

Citation

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Hepatitis C in Ontario: focus on 2023. Toronto, ON: King's Printer for Ontario; 2025.

Disclaimer

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