Public Health Ontario | Santé publique Ontario

SURVEILLANCE REPORT

Hepatitis C in Ontario: Focus on 2024

Published: January 2026

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 2024.[1]

It includes the most current information available from Ontario's integrated Public Health Information System (iPHIS) as of **July 7, 2025**. Cases meeting the provincial confirmed hepatitis C case definition are included in this report.

Key Messages

- Hepatitis C rates in Ontario have declined since 2018 and remain below pre-COVID-19 pandemic levels. In 2024, the rate was 19.9 cases per 100,000 (3,205 cases), which is almost half of the 2018 peak.
- Most reported hepatitis C cases in Ontario in 2024 were classified as previously acquired/unspecified infections (81.6%), while 18.4% were classified as newly acquired infections.
- Two-thirds (66.0%) of cases with newly acquired infections and 42.5% of cases with previously acquired/unspecified infections had an RNA positive test result, indicating they were infectious at first report to public health. Local public health units (PHUs) should continue to prioritize follow-up for newly acquired hepatitis C cases and all RNA-positive cases, focusing on counselling, treatment access, and transmission risk reduction.
- Similar to previous years, higher rates of hepatitis C continue to be reported among males and among people aged 30–39 years in 2024. While males continue to have higher rates than females, the gap has narrowed over the past 10 years.
- Public health units in northern Ontario continue to report disproportionately high rates of hepatitis C, up to six times the provincial average. In 2024, three of these public health units accounted for over 9% of cases but only 2% of Ontario's population.
- Drug use and equipment sharing remains the most commonly reported risk factor for hepatitis C cases in 2024. Adequate distribution of harm reduction equipment and access to harm reduction services is essential for the prevention of new hepatitis C infections.[3]
- Nearly 95% of hepatitis C cases reported in 2024 had an RNA test result ever recorded in iPHIS, a 6.4% increase from 2023, which coincided with the implementation of the Public Health Ontario's reflex HCV RNA testing protocol.[8]

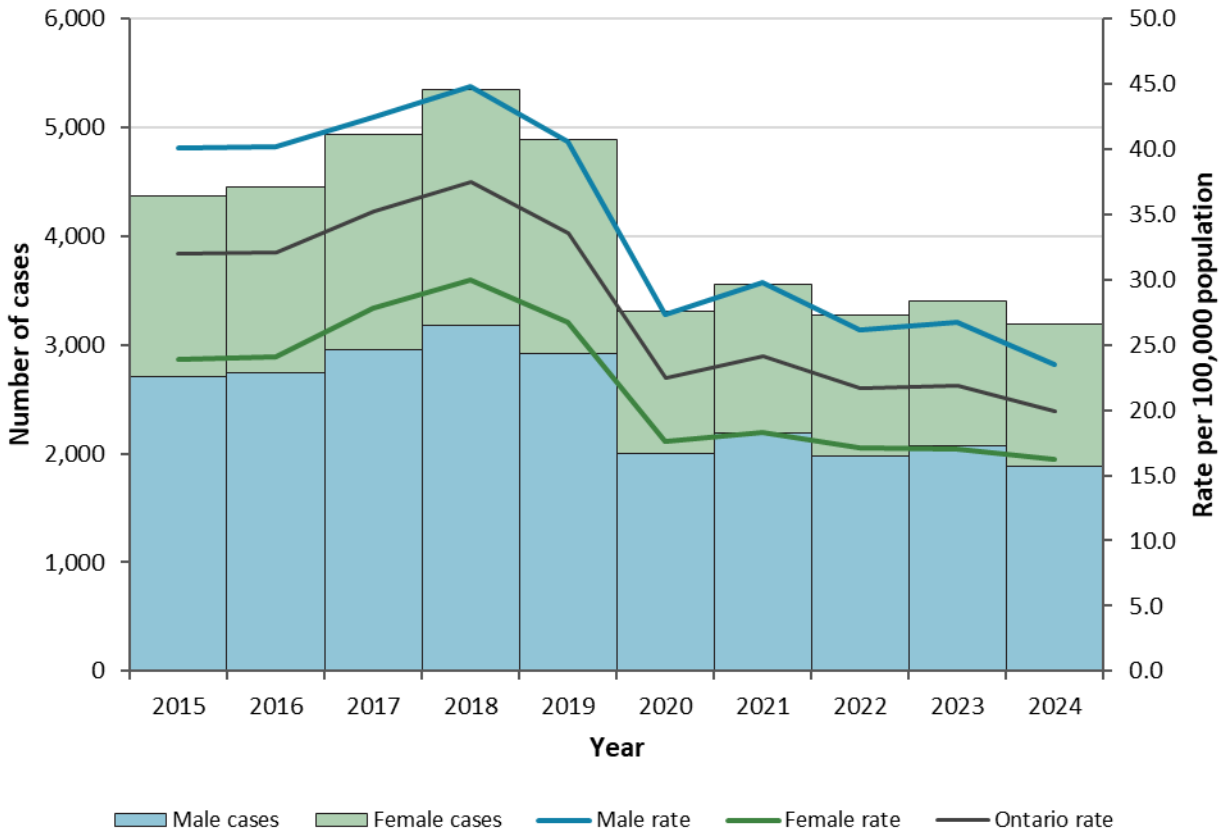
Trends Over Time

In 2024, Ontario reported 3,205 hepatitis C cases for a rate of 19.9 cases per 100,000, marking the lowest number and rate of cases in the past decade. Over this period, hepatitis C rates peaked in 2018 at 37.5 cases per 100,000 population (5,375 cases), followed by a sharp decline in 2020 (22.5 cases per 100,000; 3318 cases) likely due to COVID-19 pandemic-related impacts on testing and health-seeking behaviours (Figure 1). Since 2021, hepatitis C rates have remained relatively stable, reaching a 10-year low in 2024, representing a 47% decrease from the 2018 peak.

By sex

From 2015 to 2024, males consistently accounted for the majority of hepatitis C cases in Ontario, averaging 60.2% of total reported cases (range: 58.9%-61.7%). In 2024, this proportion was 58.9% (1,887/3,205) for males and 40.8% (1,308/3,205) for females. Corresponding rates for males and females were 23.5 and 16.2 cases per 100,000 population, respectively (Figure 1).

Figure 1: Hepatitis C Cases and Rates Per 100,000 Population by Year and Sex*: Ontario, 2015-2024

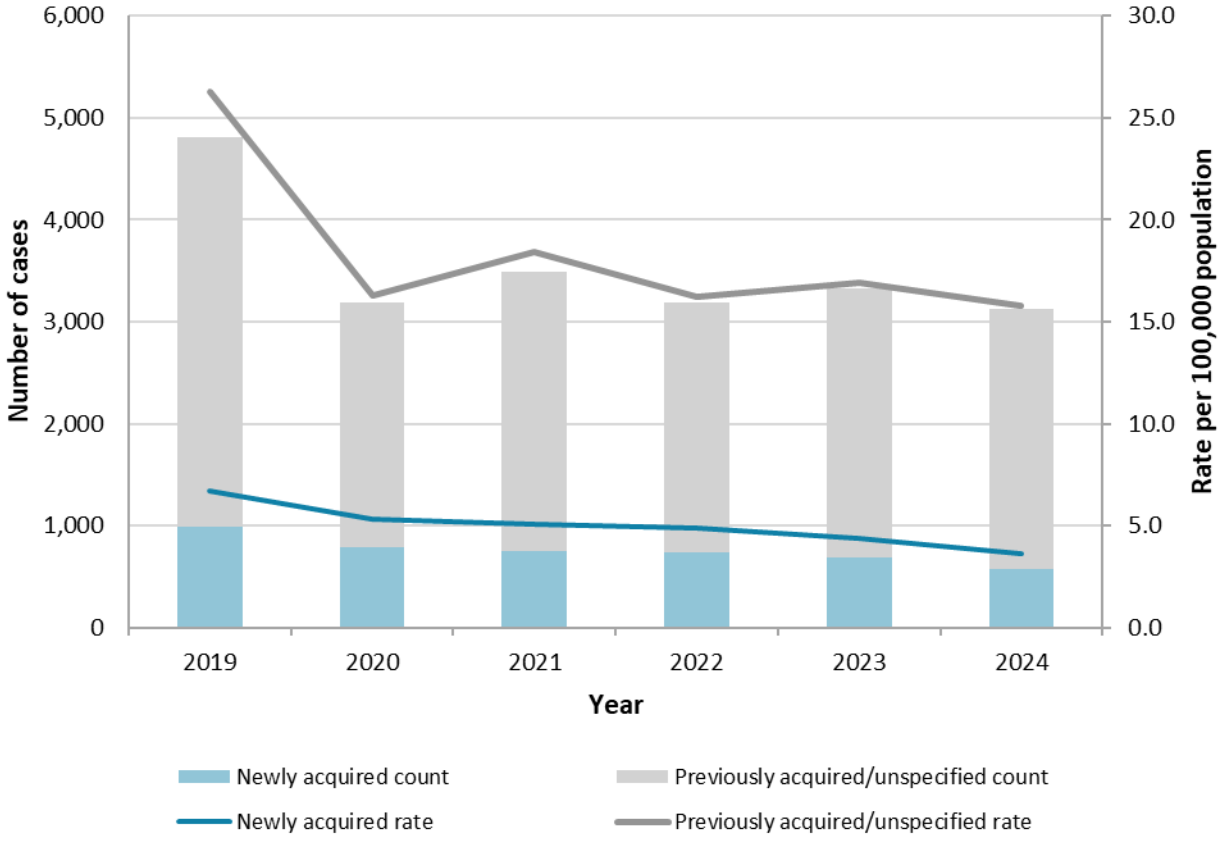


Data sources: Cases: integrated Public Health Information System (iPHIS) [database]; Population Estimates: Statistics Canada.
*Excludes cases that did not report their sex as male or female.

Timing of Infection

From 2015 to 2024, the majority of hepatitis C cases reported in Ontario were classified as previously acquired/unspecified infections (average: 76.5%; range: 72.4%-79.7%). In 2024, among cases that could be classified (3,130/3,205), 81.6% (2,554/3,130) were classified as previously acquired/unspecified infections and 18.4% (576/3,130) were classified as newly acquired infections (Figure 2).

Figure 2: Hepatitis C Cases and Rates Per 100,000 Population by Timing of Infection and Year: Ontario, 2019-2024



Data sources: iPHIS; Statistics Canada

Age, Sex, and Infection Status

Age

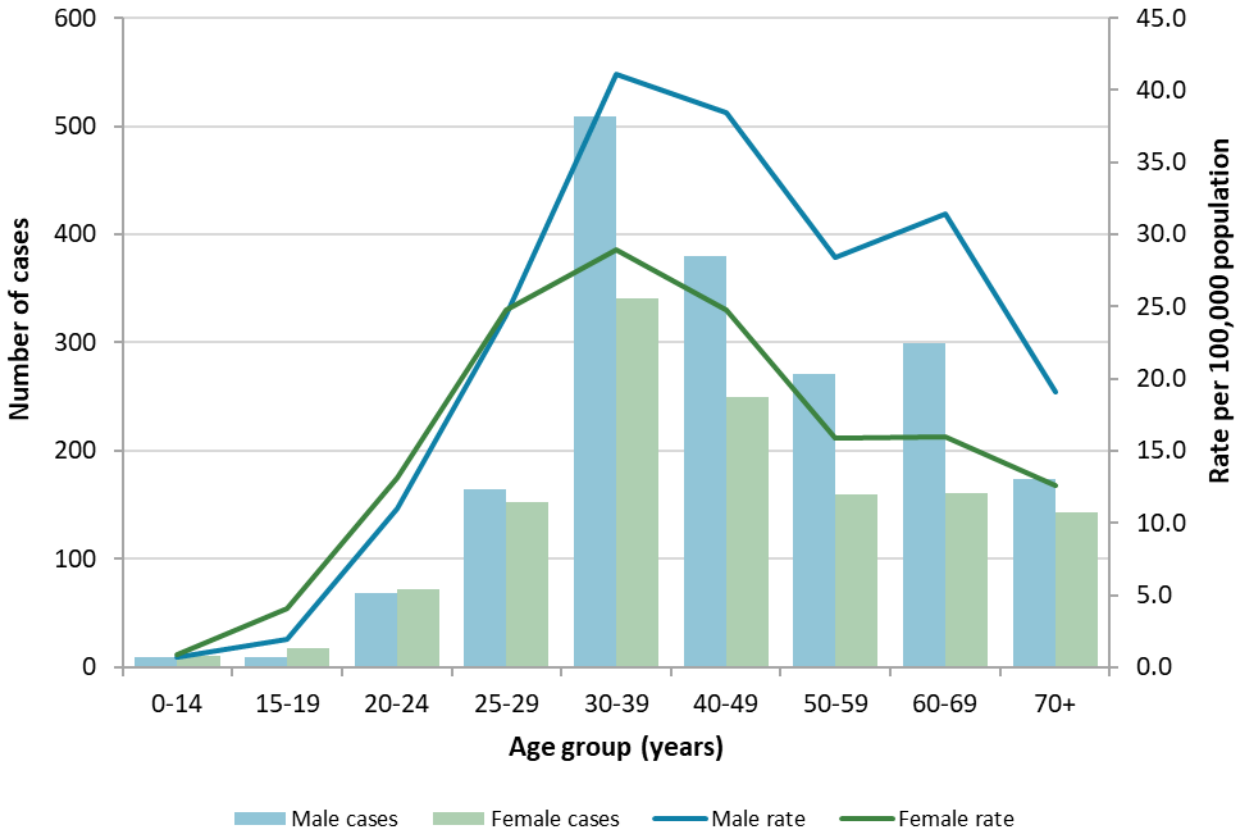
In 2024, hepatitis C rates were highest among those aged 30-39 years (35.1 per 100,000), followed by those aged 40-49 years (31.6 per 100,000) and 25-29 years (24.9 per 100,000) (Figure 3). Cases with previously acquired/unspecified infections were older than cases with newly acquired infections, with a median age of 44.2 years (interquartile range [IQR] 34.0-60.4 years) compared to 40.0 years (IQR: 31.7-53.7 years) (Table 1).

People born between 1945 and 1975 are considered a priority population for hepatitis C screening due to historically higher prevalence. In 2024, individuals in this birth cohort accounted for approximately 34% of Ontario's population and 38% of reported hepatitis C cases. The majority of cases in this cohort were classified as previously acquired/unspecified infections (83.3%) with 14.8% classified as newly acquired infections.

Sex

Males had a higher overall reported rate of hepatitis C (23.5 per 100,000) compared to females (16.2 per 100,000), however higher rates among males were not observed across all age groups (Figure 3). Rates were higher in males than females for both newly acquired infections and previously acquired/unspecified infections (Table 1).

Figure 3: Hepatitis C Cases and Rates Per 100,000 Population by Age and Sex: Ontario, 2024



Data sources: iPHIS; Statistics Canada

Table 1: Hepatitis C Cases and Rates Per 100,000 Population by Age, Sex, and Timing of Infection: Ontario, 2024

Demographic Characteristic	Newly Acquired Infections (n=576)	Previously Acquired/ Unspecified Infections (n=2,554)	Infections Not Defined (n=75)	Total (n=3,205)
Mean Age (Years)	43.1	47.3	41.4	46.4
Median Age and IQR (Years)	40.0 (31.7-53.7)	44.2 (33.8-60.8)	38.8 (31.7-52.3)	43.3 (33.4-59.4)
Age Group	**n (rate per 100,000 population)**	**n (rate per 100,000 population)**	**n (rate per 100,000 population)**	**n (rate per 100,000 population)**
0 – 14 Years	7 (0.3)	7 (0.3)	5 (0.2)	19 (0.8)
15 – 19 Years	9 (1.0)	18 (2.0)	0 (N/A)	27 (3.0)
20 – 24 Years	40 (3.4)	99 (8.4)	3 (0.3)	142 (12.1)
25 – 29 Years	60 (4.7)	254 (19.7)	7 (0.5)	321 (24.9)
30 – 39 Years	173 (7.2)	654 (27.0)	23 (1.0)	850 (35.1)
40 – 49 Years	113 (5.7)	503 (25.2)	15 (0.8)	631 (31.6)
50 – 59 Years	72 (3.7)	349 (17.8)	11 (0.6)	432 (22.1)
60 – 69 Years	64 (3.3)	393 (20.1)	6 (0.3)	463 (23.6)
70+ Years	38 (1.9)	274 (13.4)	5 (0.2)	317 (15.5)
Unknown	0 (N/A)	3 (0.0)	0 (N/A)	3 (0.0)
Sex	**n (rate per 100,000 population)**	**n (rate per 100,000 population)**	**n (rate per 100,000 population)**	**n (rate per 100,000 population)**
Female	232 (2.9)	1,049 (13.0)	27 (0.3)	1,308 (16.2)
Male	343 (4.3)	1,496 (18.6)	48 (0.6)	1,887 (23.5)
Transgender	1 (0.0)	2 (0.0)	0 (N/A)	3 (0.0)
Other	0 (N/A)	0 (N/A)	0 (N/A)	0 (N/A)
Unknown	0 (N/A)	7 (N/A)	0 (N/A)	7 (N/A)

IQR: interquartile range
Data source: iPHIS; Statistics Canada
Notes: Cases reported as Transgender include both transgender males and transgender females as it is not possible to determine the case's preferred gender identity from data reported in iPHIS.

Infection status

Among hepatitis C cases with a known infection status (RNA positive or RNA negative) at first report to public health, 50.5% (1,465/2,901) were RNA positive (i.e., infectious at time of reporting) and 49.5% (1,436/2,901) were RNA negative. A larger proportion of newly acquired infections were RNA positive (66.0%) compared to previously acquired/unspecified infections (42.5%) (Table 2).

Table 2: Hepatitis C Cases by Infection Status and Timing of Infection: Ontario, 2024

Infection Status	Newly Acquired Infections n (%)	Previously Acquired/ Unspecified Infections n (%)	Infections Not Defined n (%)	Total n (%)
RNA Positive	380 (66.0%)	1,085 (42.5%)	0 (0.0%)	1,465 (45.7%)
RNA Negative	153 (26.6%)	1,283 (50.2%)	0 (0.0%)	1,436 (44.8%)
RNA Unspecified	43 (7.5%)	186 (7.3%)	0 (0.0%)	229 (7.1%)
Not Defined	0 (0.0%)	0 (0.0%)	75 (100%)	75 (2.3%)
Total	576 (100%)	2,554 (100%)	75 (100%)	3,205 (100%)

Data source: iPHIS
Notes: Infection status is intended to capture RNA status at first report to the PHU. An infection status of RNA positive indicates infectious hepatitis C. RNA unspecified refers to cases where the initial RNA test results is unknown (e.g., not received by the health unit).

Risk Factors

In 2024, 61.6% of reported hepatitis C cases (1,974/3,205) identified at least one specific/known risk factor. The most commonly reported risk factor was drug use and equipment sharing (47.9%; 946/1974). Drug use and equipment sharing was reported more frequently among newly acquired infections (62.7%; 274/437) than previously acquired/unspecified infections (43.8%; 668/1525).

Cases with previously acquired/unspecified infections were more frequently reported to have been born in an endemic country (31.0% vs 6.2%) and having a medical or dental procedure (21.6% vs 18.5%) (Table 3) compared to newly acquired infections.

Table 3: Risk Factors for Cases of Hepatitis C by Timing of Infection Among Cases Reporting at Least One Risk Factor*: Ontario, 2024

Risk Factor	Newly Acquired Infections n (%)	Previously Acquired/ Unspecified Infections n (%)	Infections Not Defined n (%)	Total n (%)
Drug use and equipment sharing	274 (62.7%)	668 (43.8%)	4 (33.3%)	946 (47.9%)
Sex with an individual of the opposite sex	189 (43.2%)	475 (31.1%)	2 (16.7%)	666 (33.7%)
Personal service setting	114 (26.1%)	402 (26.4%)	3 (25.0%)	519 (26.3%)
Born in a hepatitis C endemic country	27 (6.2%)	473 (31.0%)	3 (25.0%)	503 (25.5%)
Underwent an invasive medical or dental procedure	81 (18.5%)	329 (21.6%)	4 (33.3%)	414 (21.0%)
Experienced homelessness or inadequate housing	113 (25.9%)	236 (15.5%)	2 (16.7%)	351 (17.8%)
Previously admitted or currently residing in a correctional facility	89 (20.4%)	224 (14.7%)	3 (25.0%)	316 (16.0%)
High risk sexual activity	107 (24.5%)	113 (7.4%)	0 (0.0%)	220 (11.1%)
Recipient of a blood product or organ transplant	51 (11.7%)	95 (6.2%)	3 (25.0%)	149 (7.5%)
Sex with an individual of the same sex	22 (5.0%)	63 (4.1%)	0 (0.0%)	85 (4.3%)
Born to a mother with hepatitis C	5 (1.1%)	0 (0.0%)	1 (8.3%)	6 (0.3%)
Other	140 (32.0%)	436 (28.6%)	2 (16.7%)	578 (29.3%)

Data source: iPHIS
Notes: Reported risk factor activities are associated with possible exposure to hepatitis C, but do not confirm where transmission occurred; many settings—such as personal services, medical and dental procedures, and blood product use—are regulated or monitored in Ontario to reduce risk to the public.
*Excludes cases that reported a risk factor of 'Unknown'. The table is sorted in descending order by the proportion of total cases. Among cases that reported at least one risk factor (n=1,974), 437 were newly acquired infections, 1,525 were previously acquired/unspecified infections, and 12 were not defined. Risk factor groupings are further detailed in the Technical Notes.

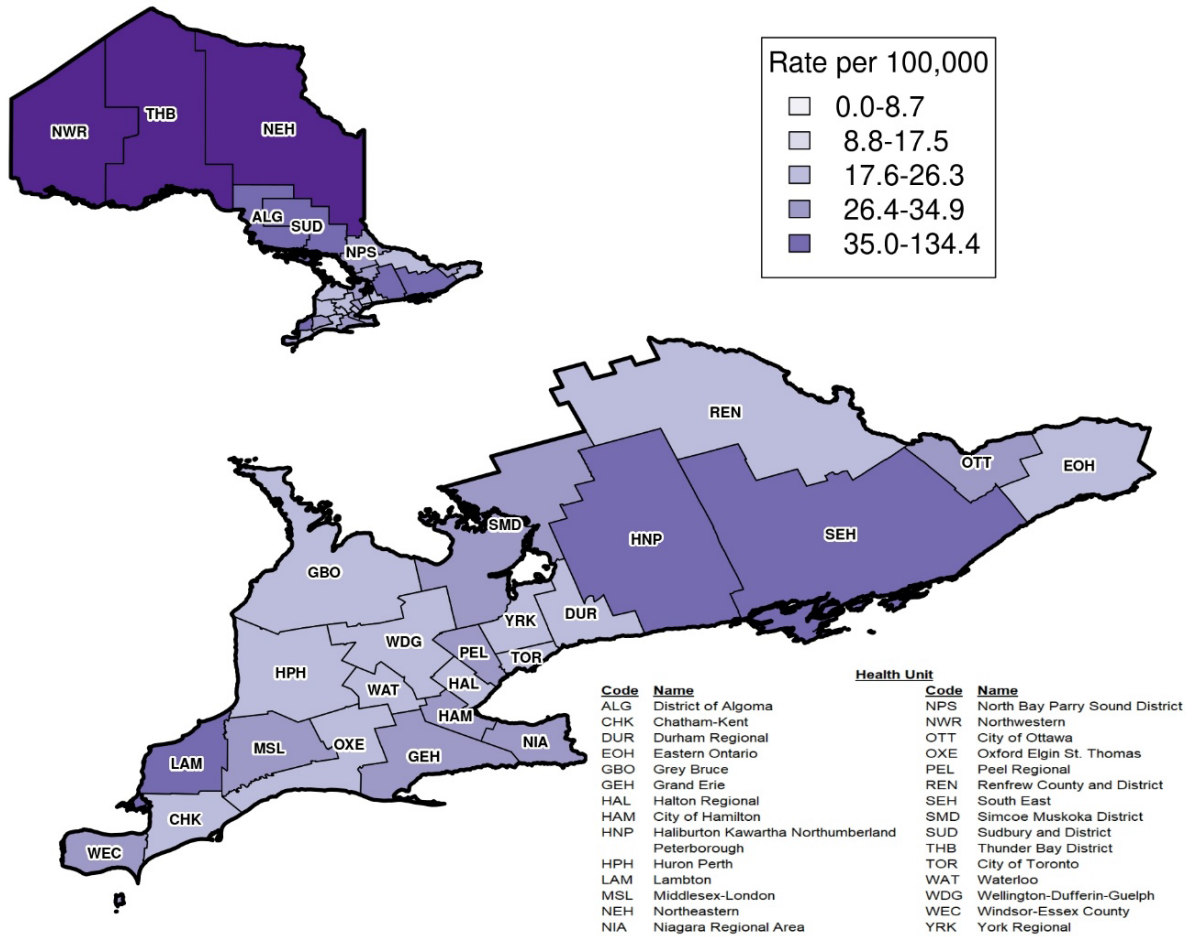
Geography

In 2024, the highest rates per 100,000 population of hepatitis C in Ontario were reported by three public health units (PHUs) in northern Ontario: Northwestern Health Unit (134.4), Thunder Bay District Health Unit (75.8) and Northeastern Public Health (48.5) (Figure 4a).

Among cases with previously acquired/unspecified infections (Figure 4b), the highest rates per 100,000 population were reported in Thunder Bay District Health Unit (50.7), Northwestern Health Unit (44.4), and Algoma Public Health (30.8). For newly acquired infections (Figure 4c), rates were highest in Northwestern Health Unit (86.4), Public Health Sudbury and Districts (27.9), and Thunder Bay District Health Unit (21.4).

In 2024, the lowest rates per 100,000 population of hepatitis C in Ontario were reported in York Region Public Health (10.0), Huron Perth Public Health (10.9), and Wellington-Dufferin-Guelph Public Health (11.0). For previously acquired/unspecified infections (Figure 4c), Wellington-Dufferin-Guelph Public Health had the lowest rate (1.8), followed by Public Health Sudbury and Districts (3.5) and Eastern Ontario Health Unit (6.0). The lowest rates of newly acquired infections were reported by the City of Hamilton Public Health Services (0.3), York Region Public Health (0.3), and Peel Public Health (0.4) (Figure 4b).

Figure 4a: Overall Hepatitis C Rates Per 100,000 Population by Public Health Unit: Ontario, 2024



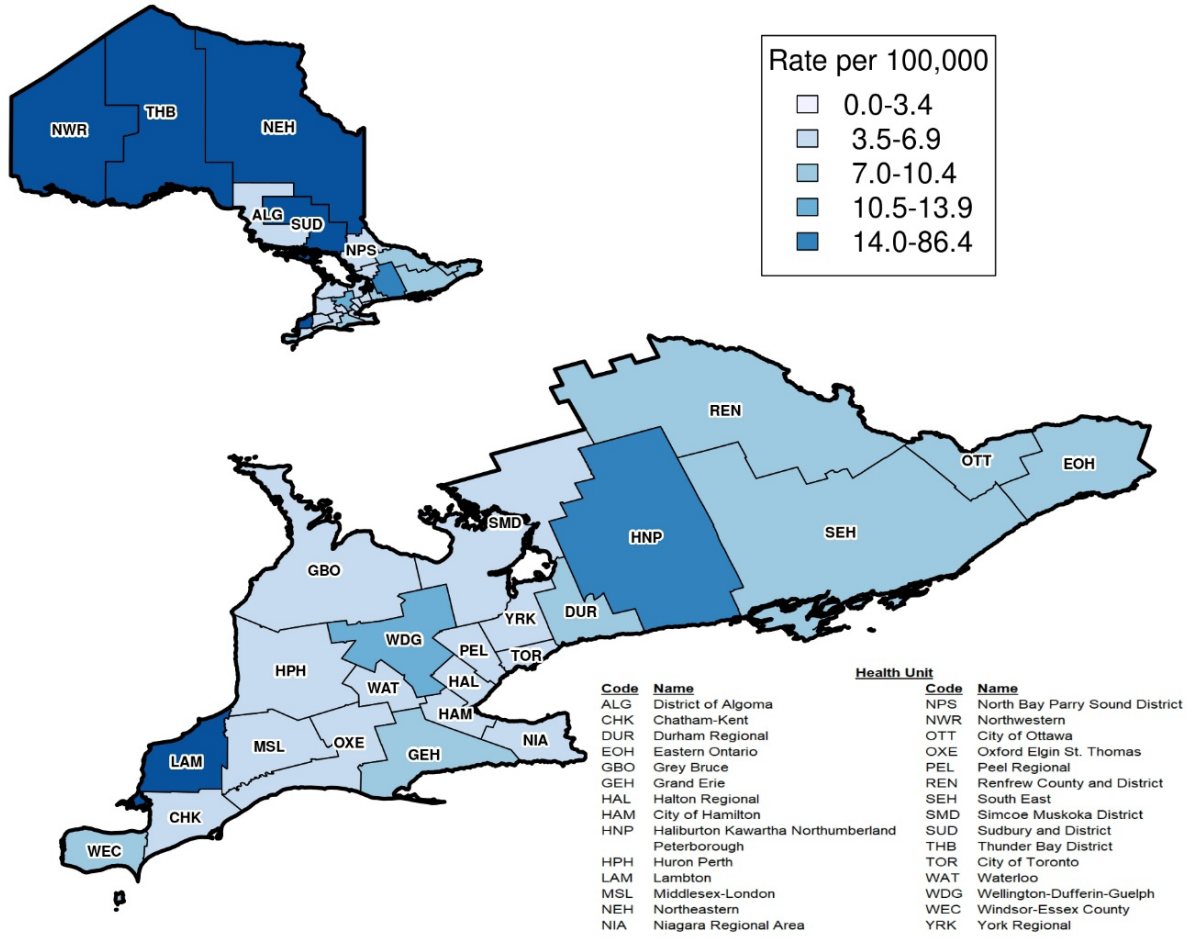
Code	Name
ALG	District of Algoma
CHK	Chatham-Kent
DUR	Durham Regional
EOH	Eastern Ontario
GBO	Grey Bruce
GEH	Grand Erie
HAL	Halton Regional
HAM	City of Hamilton
HNP	Haliburton Kawartha Northumberland Peterborough
HPH	Huron Perth
LAM	Lambton
MSL	Middlesex-London
NEH	Northeastern
NIA	Niagara Regional Area

Health Unit

Code	Name
NPS	North Bay Parry Sound District
NWR	Northwestern
OTT	City of Ottawa
OXE	Oxford Elgin St. Thomas
PEL	Peel Regional
REN	Renfrew County and District
SEH	South East
SMD	Simcoe Muskoka District
SUD	Sudbury and District
THB	Thunder Bay District
TOR	City of Toronto
WAT	Waterloo
WDG	Wellington-Dufferin-Guelph
WEC	Windsor-Essex County
YRK	York Regional

Data sources: iPHIS; Statistics Canada
Notes: Case count and rates summarized in Appendix 1: Table A1. Haliburton, Kawartha Northumberland Peterborough (HNP) refers to Lakelands Public Health.

Figure 4b: Newly Acquired Hepatitis C Rates Per 100,000 Population by Public Health Unit: Ontario, 2024



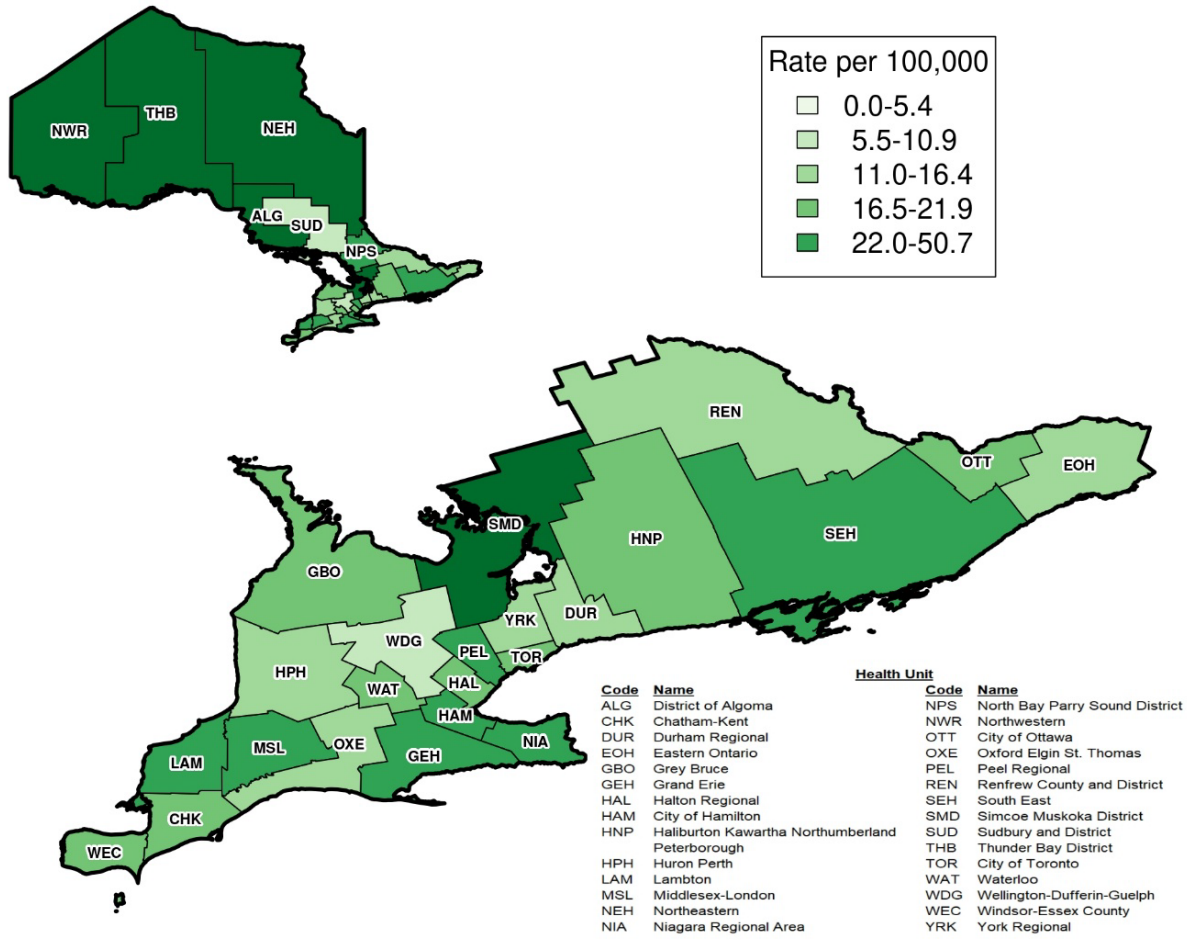
Code	Name
ALG	District of Algoma
CHK	Chatham-Kent
DUR	Durham Regional
EOH	Eastern Ontario
GBO	Grey Bruce
GEH	Grand Erie
HAL	Halton Regional
HAM	City of Hamilton
HNP	Haliburton Kawartha Northumberland Peterborough
HPH	Huron Perth
LAM	Lambton
MSL	Middlesex-London
NEH	Northeastern
NIA	Niagara Regional Area

Health Unit

Code	Name
NPS	North Bay Parry Sound District
NWR	Northwestern
OTT	City of Ottawa
OXE	Oxford Elgin St. Thomas
PEL	Peel Regional
REN	Renfrew County and District
SEH	South East
SMD	Simcoe Muskoka District
SUD	Sudbury and District
THB	Thunder Bay District
TOR	City of Toronto
WAT	Waterloo
WDG	Wellington-Dufferin-Guelph
WEC	Windsor-Essex County
YRK	York Regional

Data sources: iPHIS; Statistics Canada
Notes: Case count and rates summarized in Appendix 1: Table A1. Haliburton, Kawartha Northumberland Peterborough (HNP) refers to Lakelands Public Health.

Figure 4c: Previously Acquired/Unspecified Hepatitis C Rates Per 100,000 Population by Public Health Unit: Ontario, 2024

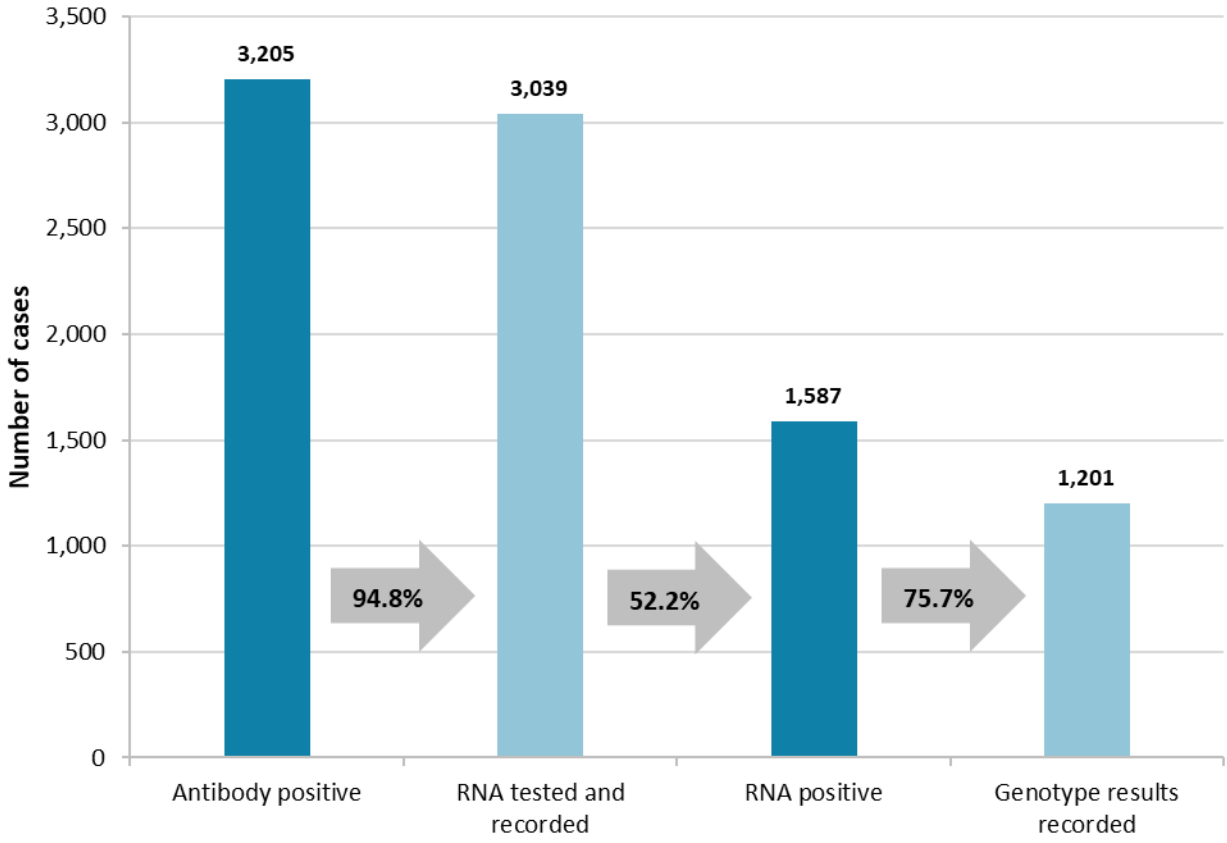


Data sources: iPHIS; Statistics Canada
Notes: Case count and rates summarized in Appendix 1: Table A1. Haliburton, Kawartha Northumberland Peterborough (HNP) refers to Lakelands Public Health.

Testing

In 2024, the majority of antibody positive hepatitis C cases had an RNA test ever recorded in iPHIS (94.8%; 3,039/3,205). Just over half of cases with an RNA test ever recorded were RNA positive (52.2%; 1,587/3,039), and among RNA-positive cases, most had genotype results available (75.7%) (Figure 5).

Figure 5: Testing Cascade for Confirmed Hepatitis C Cases Reported in iPHIS: Ontario, 2024



Data sources: iPHIS
Notes: Testing cascade indicators are based on a combination of information available in iPHIS. For further details please see the technical notes.

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 **July 7, 2025**.
- 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; 2025 Feb 19 [extracted 2025 Feb 21].[4]

Data Caveats

- Surveillance data for hepatitis C reported between 2020 to 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.
- 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/unspecified 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.
- As of January 1, 2025, a number of public health units have merged:
    - Brant County Health Unit and Haldimand-Norfolk Health Unit have merged into Grand Erie Public Health;
    - Hastings and Prince Edward Counties Health Unit, Kingston, Frontenac and Lennox and Addington Health Unit and Leeds, Grenville and Lanark District Health Unit have merged into South East Health Unit;
    - Porcupine Health Unit and Timiskaming Health Unit have merged into Northeastern Public Health; and
    - Haliburton, Kawartha, Pine Ridge District Health Unit and Peterborough County-City Health Unit have merged into Lakelands Public Health Unit.
- PHU Regions consist of the following PHU groupings:
    - Central East: Durham Region Health Department, Lakelands Public Health, Peel Public Health, Simcoe Muskoka District Health Unit, York Region Public Health
    - Central West: City of Hamilton Public Health Services, Grand Erie Public Health, Halton Region Public Health, Niagara Region Public Health, Region of Waterloo Public Health and Paramedic Services, Wellington-Dufferin-Guelph Public Health
    - Eastern: Eastern Ontario Health Unit, Ottawa Public Health, Renfrew County and District Health Unit, Southeast Public Health
    - North East: Algoma Public Health, North Bay Parry Sound District Health Unit, Public Health Sudbury & Districts, Northeastern Public Health
    - North West: Northwestern Health Unit, Thunder Bay District Health Unit
    - South West: Chatham-Kent Public Health, Grey Bruce Public Health, Huron Perth Public Health, Lambton Public Health, Middlesex-London Health Unit, Southwestern Public Health, Windsor-Essex County Health Unit
    - Toronto: Toronto Public Health

- 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.
- 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. Note that risk factors are known to be associated with an increased likelihood of hepatitis C acquisition but do not confirm the route of transmission for individual cases.
- 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.
    - Recipient of a blood product or 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 a hepatitis C endemic country
    - Previously admitted or currently residing in a correctional facility
    - High risk sexual behaviour: Includes cases that reported "Yes" to any of the following: 'High risk sexual activity', 'Repeat STI', 'Sex worker'
    - Immunocompromised
    - Drug use and equipment sharing: Includes cases that reported "Yes" to any of the following: 'Injection drug use', 'Shared drug use equipment', 'Inhalation drug use', 'Intranasal drug use'
    - Underwent an invasive 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'
    - Born to a mother with hepatitis C
    - 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'
    - Experienced homelessness or inadequate housing
    - Sex with an individual of the opposite sex
    - Sex with an individual of the 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

1. Ontario. Ministry of Health. Ontario public health standards: requirements for programs, services and accountability. Infectious disease protocol. Appendix 1: case definitions and disease-specific information. Disease: hepatitis C. Effective: May 2022 [Internet]. Toronto, ON: King's Printer for Ontario; 2022 [cited 2024 Sep 11]. Available from: https://files.ontario.ca/moh-ophs-hepatitis-c-en-2022.pdf
2. World Health Organization (WHO). Guidance for country validation of viral hepatitis elimination and path to elimination: technical report. Geneva: WHO; 2023. Available from: https://www.who.int/publications/i/item/9789240078635
3. CATIE. Harm reduction and hepatitis C [Internet]. Toronto, ON: CATIE; [cited 2024 Oct 29]. Available from: https://www.catie.ca/hepatitis-c-an-in-depth-guide/harm-reduction-and-hepatitis-c
4. 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; 2025 Feb 19 [extracted 2025 Feb 21]. Available from: https://doi.org/10.25318/1710015701-eng
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
7. 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. Available from: https://www.publichealthontario.ca/-/media/Documents/H/25/hepatitis-c-ontario-focus-2023.pdf?rev=b7bb706e92864b9f977d5af6b3d885ad&sc_lang=en
8. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Hepatitis C diagnostic serology [Internet]. Toronto, ON: King's Printer for Ontario; [cited 2025 Dec 16]. Available from: https://www.publichealthontario.ca/en/Laboratory-Services/Test-Information-Index/Hepatitis-C-Diagnostic-Serology

Appendix A

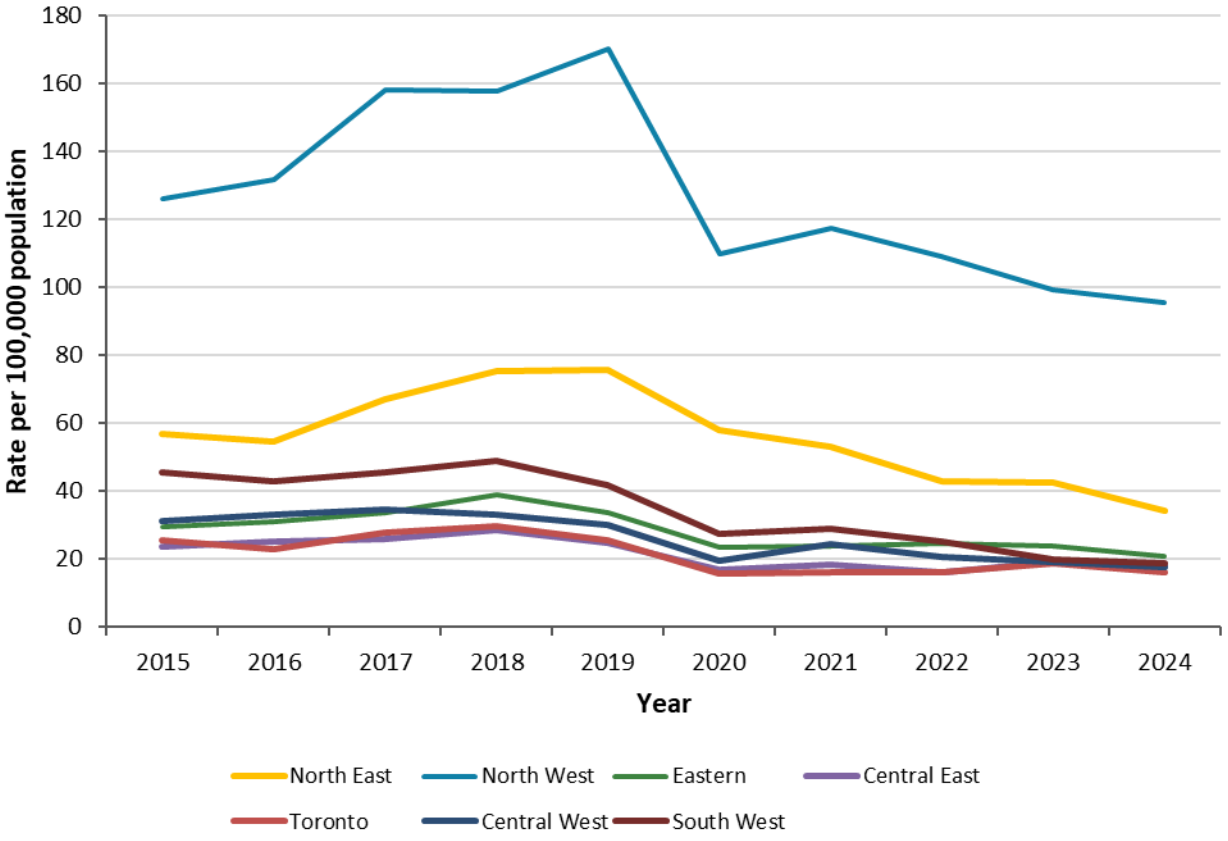
Table A1: Hepatitis C Case Counts and Rates Per 100,000 Population by Public Health Unit and Timing of Infection: Ontario, 2024

Public Health Unit	Newly Acquired	Previously Acquired/ Unspecified	Not Defined	Total
Algoma Public Health	4 (3.2)	39 (30.8)	1 (0.8)	44 (34.8)
Chatham-Kent Public Health	3 (2.7)	15 (13.4)	1 (0.9)	19 (17.0)
City of Hamilton Public Health Services	2 (0.3)	122 (19.3)	1 (0.2)	125 (19.8)
Durham Region Health Department	29 (3.7)	68 (8.6)	0 (0.0)	97 (12.2)
Eastern Ontario Health Unit	12 (5.1)	14 (6.0)	0 (0.0)	26 (11.1)
Grand Erie Public Health	15 (4.9)	51 (16.7)	0 (0.0)	66 (21.7)
Grey Bruce Health Unit	1 (0.5)	23 (12.0)	2 (1.0)	26 (13.6)
Halton Region Public Health	9 (1.4)	72 (11.0)	9 (1.4)	90 (13.7)
Huron Perth Public Health	3 (1.9)	13 (8.3)	1 (0.6)	17 (10.9)
Lakelands Public Health	51 (13.7)	49 (13.2)	0 (0.0)	100 (26.9)
Lambton Public Health	23 (16.1)	26 (18.2)	0 (0.0)	49 (34.2)
Middlesex-London Health Unit	4 (0.7)	111 (19.2)	0 (0.0)	115 (19.8)
Niagara Region Public Health	9 (1.7)	117 (21.7)	2 (0.4)	128 (23.7)
North Bay Parry Sound District Health Unit	4 (2.7)	26 (17.7)	0 (0.0)	30 (20.4)
Northeastern Public Health	25 (20.2)	32 (25.9)	3 (2.4)	60 (48.5)
Northwestern Health Unit	72 (86.4)	37 (44.4)	3 (3.6)	112 (134.4)
Ottawa Public Health	49 (4.2)	180 (15.6)	3 (0.3)	232 (20.1)
Peel Public Health	6 (0.4)	361 (21.7)	3 (0.2)	370 (22.3)
Public Health Sudbury & Districts	63 (27.9)	8 (3.5)	7 (3.1)	78 (34.6)

Public Health Unit	Newly Acquired	Previously Acquired/ Unspecified	Not Defined	Total
Region of Waterloo Public Health and Paramedic Services	8 (1.1)	105 (14.9)	6 (0.8)	119 (16.8)
Renfrew County and District Health Unit	5 (4.3)	11 (9.5)	1 (0.9)	17 (14.7)
Simcoe Muskoka District Health Unit	7 (1.0)	166 (24.7)	1 (0.1)	174 (25.9)
Southeast Public Health	40 (6.6)	102 (16.7)	23 (3.8)	165 (27.0)
Southwestern Public Health	6 (2.5)	26 (10.8)	2 (0.8)	34 (14.1)
Thunder Bay District Health Unit	35 (21.4)	83 (50.7)	6 (3.7)	124 (75.8)
Toronto Public Health	38 (1.2)	488 (14.9)	0 (0.0)	526 (16.1)
Wellington-Dufferin-Guelph Public Health	31 (9.2)	6 (1.8)	0 (0.0)	37 (11.0)
Windsor-Essex County Health Unit	18 (3.7)	79 (16.3)	0 (0.0)	97 (20.0)
York Region Public Health	4 (0.3)	124 (9.6)	0 (0.0)	128 (10.0)
Ontario	**576 (3.6)**	**2,554 (15.8)**	**75 (0.5)**	**3,205 (19.9)**

Data sources: iPHIS; Statistics Canada

Figure A1: Hepatitis C Rates Per 100,000 Population by Public Health Region: Ontario, 2015-2024



Data sources: iPHIS; Statistics Canada

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