

**MONITORING**



# Prevention of hepatitis B and C in the European Union and European Economic Area, 2026

Monitoring progress towards the Sustainable Development Goals

**ECDC SURVEILLANCE AND MONITORING**

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# Abbreviations

|       |                                |
|-------|--------------------------------|
| EEA   | European Economic Area         |
| EU    | European Union                 |
| EUDA  | European Union Drugs Agency    |
| HBV   | Hepatitis B virus              |
| HBeAg | Hepatitis B 'e' antigen        |
| HBsAg | Hepatitis B surface antigen    |
| HBIG  | HBV Immunoglobulin             |
| HCV   | Hepatitis C virus              |
| MSM   | Men who have sex with men      |
| NAT   | Nucleic acid testing           |
| OAT   | Opioid agonist treatment       |
| PWID  | People who inject drugs        |
| RNA   | Ribonucleic acid               |
| SDG   | Sustainable Development Goal   |
| STI   | Sexually transmitted infection |
| SoHO  | Substances of Human Origin     |
| WHO   | World Health Organization      |

# Executive summary

Hepatitis B and C virus infections (HBV/HCV) are transmitted through infected blood or bodily fluids and are major causes of chronic liver disease. Although prevention efforts in the European Union/European Economic Area (EU/EEA) have been effective in reducing transmission, the overall burden of chronic hepatitis remains high and continues to drive substantial mortality. This report, using data collected through ECDC's hepatitis monitoring programme together with data collated from other sources, provides an overview of progress toward the interim targets for elimination for 2025 included in the World Health Organization's European Regional Action Plan.

Hepatitis B vaccination remains central to prevention efforts, yet progress toward World Health Organization (WHO) targets is variable in EU/EEA countries. Although most countries have universal HBV childhood vaccination programmes, fewer than half are on track to achieve 95% coverage for the three-dose schedule. Access to vaccination for adult groups at high risk of infection, such as healthcare workers, people who inject drugs, men who have sex with men (MSM), and people in prison, varies widely, and data on vaccination uptake in these populations are often incomplete or outdated. Available data on coverage of vaccination among these groups suggest that coverage is suboptimal.

Since ECDC started collecting monitoring data from countries in 2018 there has been continued progress towards the elimination of vertical transmission of HBV, with greater reporting of data and more countries meeting the targets. Three quarters of the countries with data on antenatal screening of pregnant women have met the WHO 2025 target of 90% of pregnant women screened for hepatitis B surface antigen (HBsAg). All five countries providing HBV birth dose vaccination as a universal strategy have met the 90% target for timely vaccination. All countries have national policies for post-exposure prophylaxis, combining birth dose vaccination and hepatitis B immunoglobulin and, among countries with available data, the majority report high coverage among exposed infants. While data availability varies, the overall picture demonstrates substantial regional commitment and strong progress across all countries toward preventing vertical HBV transmission.

Sexual transmission remains a major route of HBV transmission and sex between men is the second most reported route of transmission for HCV, yet specific prevention efforts targeting sexual transmission of hepatitis across different populations have not been systematically monitored across countries. In the face of rising trends in syphilis, gonorrhoea and other sexually transmitted infections reported across the region, this should be addressed in future monitoring efforts.

People who inject drugs continue to bear a disproportionate burden of HCV, underscoring the need for robust harm reduction services, in particular with the injection of stimulant drugs being associated with higher-risk practices and blood-borne virus outbreaks. However, only seven countries meet WHO's 2025 target for sterile syringe distribution, and 15 meet the coverage target for opioid agonist treatment.

Prevention efforts in healthcare settings also suffer from limited monitoring. While all reporting countries report screening blood for blood-borne diseases, few report data on the use of safety engineered injection devices to measure progress towards the WHO target.

Overall, the EU/EEA is not on track to meet several of the hepatitis prevention targets. While progress has been made in some areas, such as the prevention of vertical transmission, important gaps persist – particularly in vaccination coverage and harm reduction services. These gaps continue to sustain transmission of hepatitis B and C, especially among key populations. Across all domains, incomplete and outdated data significantly limit the ability to assess progress and guide interventions.

## Priority actions include:

- Investigating barriers to low vaccination uptake and using these insights to design targeted communication and immunisation strategies in order to increase vaccination coverage.
- Strengthening data systems to better track vaccination coverage among adult key populations to identify gaps in programmes.
- Optimising antenatal HBV screening and post-exposure prophylaxis for infants born to HBsAg-positive mothers, including timely hepatitis B birth dose vaccination to minimise any vertical transmission.
- Expanding harm-reduction services across countries to reach the WHO elimination targets with a particular focus on achieving even higher levels of coverage for clean needles and syringes in countries with high levels of stimulant use.
- Addressing sexual transmission through targeted vaccination and testing interventions in sexual health settings, with an expansion in the collection of data relating to these interventions.
- Improving monitoring systems for hepatitis to generate more complete data for assessing progress is a priority, enabling a more effective targeting of prevention measures.

# 1 Introduction

Viral hepatitis is an infection that causes inflammation of the liver. The hepatitis B virus (HBV) and hepatitis C virus (HCV) are common causes of viral hepatitis. Both viruses can cause acute and chronic infections and are leading causes of liver cirrhosis and hepatocellular carcinoma. The viruses enter the body through infected blood or other bodily fluids. The transmission can occur via unprotected sex with an infected person, contaminated needles or medical equipment, contaminated blood transfusions or vertically from a mother to her baby during pregnancy or delivery [1-3].

In the EU and EEA, effective HBV vaccination programmes and a range of other prevention and control strategies have resulted in a decline in the number of new transmissions of HBV and HCV, resulting in a reduction in incidence [2, 3]. However, the most recent estimates suggest that there are still between 2.4 and 4.1 million people living with chronic HBV infection and 1.8 million people living with chronic HCV infection in the EU/EEA [4, 5]. In Europe, the populations most affected by chronic HBV and HCV are migrant populations from high-endemic countries, people who inject drugs and people in prison [2, 3]. Due to the high burden of cases in the region, viral hepatitis remains a leading cause of mortality from liver disease.

HBV and HCV are epidemiologically complex diseases, as they affect a wide variety of key populations, have multiple modes of transmission, are often asymptomatic, and progress through distinct stages of infection [6]. Tackling the hepatitis burden therefore requires ongoing commitment to prevention programmes such as hepatitis B vaccination, prevention of vertical transmission, prevention among people who inject drugs and in healthcare settings.

Efforts to prevent and control hepatitis B and C are part of the global commitment under Sustainable Development Goal (SDG) 3.3, which aims to end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases, and combat hepatitis, by 2030. Progress towards SDG 3.3 is monitored through WHO-defined targets for 2025 and 2030, including vaccination coverage, prevention of vertical transmission, and harm reduction service delivery. The aim of this report is to assess progress towards the WHO European Regional Action Plan Prevention Targets for 2025 [7].

## 2 Methods

The current report is based on data reported by ECDC National and Operational Focal Points for HBV and HCV in 2025. Data were collected through REDCap, an online data collection platform [8, 9], between March and May 2025, followed by a period of data validation that occurred between June and September 2025.

Countries were asked to provide updated national-level data, preferably for 2024. Where 2024 data were not available, earlier data or subnational estimates were accepted. To maximise completeness, previously reported data were reused where no updates were available, with a maximum time threshold of:

- Ten years for prevention indicators, and
- Five years for epidemiological indicators.

Bulgaria did not complete the 2025 questionnaire, and therefore data collected in 2023 were included, where available.

When needed, additional data sources beyond the monitoring questionnaire were used, such as WHO/UNICEF for vaccination coverage data, and the European Union Drugs Agency (EUDA) for data on harm reduction [10, 11].

The main analyses conducted on the monitoring data included a basic descriptive summary of the epidemiology of HBV and HCV in EU/EEA countries, as well as a summary of the following HBV and HCV prevention indicators: HBV vaccination; prevention of vertical transmission; prevention measures among people who inject drugs; and prevention in healthcare settings, including blood safety. Throughout the report, an assessment of the progress towards the WHO European Regional Action Plan interim 2025 targets is included [7]. Unless otherwise indicated, the data presented in figures and tables are based on data collected through the 2025 ECDC hepatitis monitoring survey.

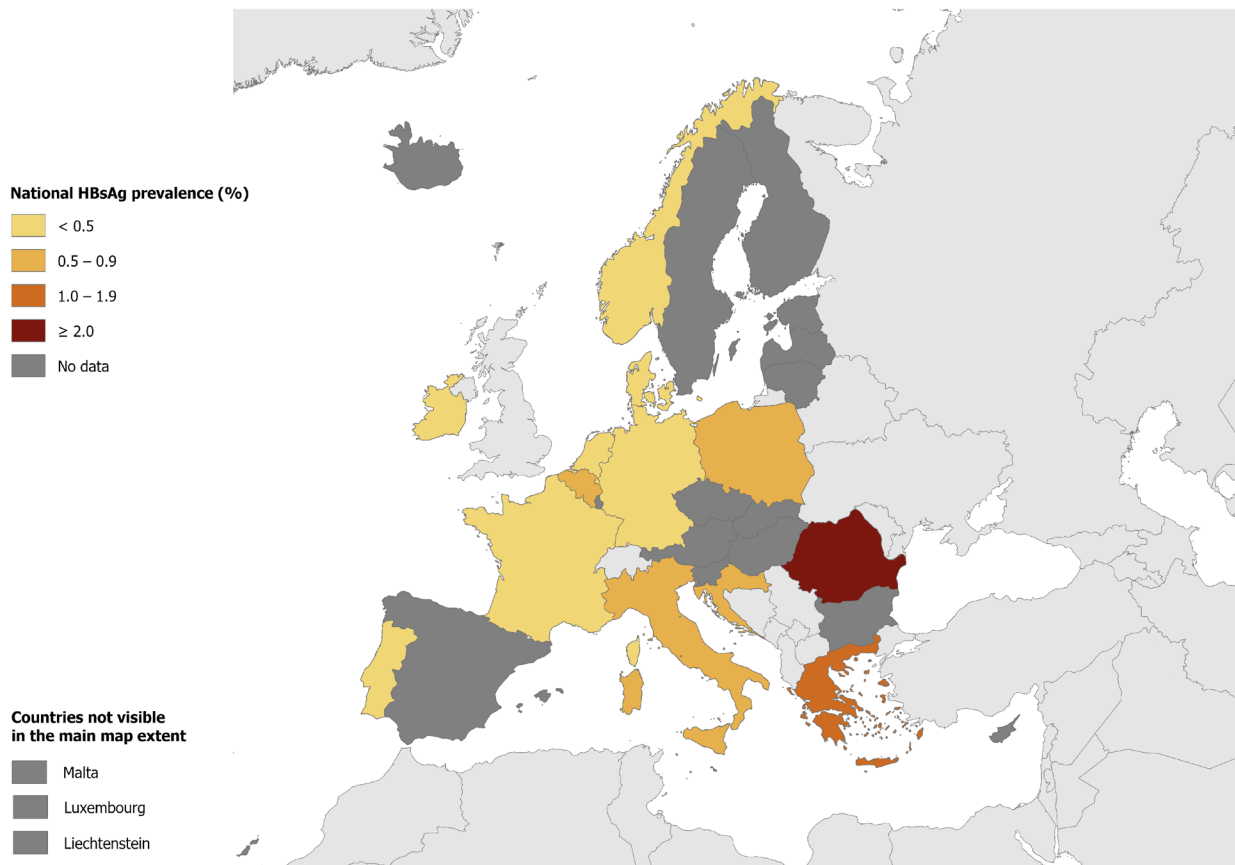
Data on diagnosis and treatment along the continuum of care for hepatitis B and C were also collected through the monitoring system and will be published in separate reports. While some data on HBV birth dose vaccination and post-exposure prophylaxis are included in this report, more detailed data related to the prevention of vertical transmission of HBV are published in a separate report [12].

### 3 Epidemiology of hepatitis B and C

#### Prevalence of HBV and HCV

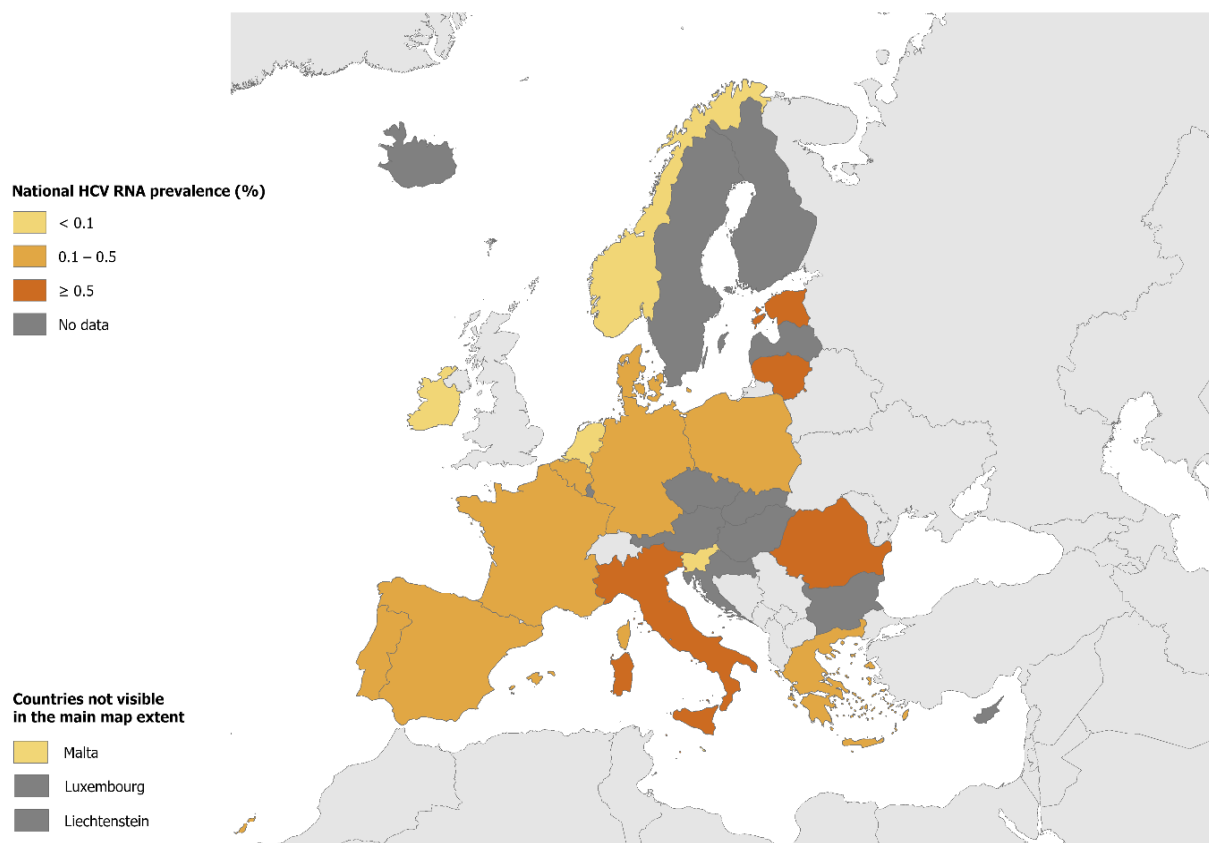
Estimates of hepatitis B surface antigen (HBsAg) prevalence in the general population were provided by 13 EU/EEA countries, ranging from under 0.5% in seven countries to over 2% in Romania (Figure 1). A recent study using the workbook methodology estimated that between 2.4 and 4.1 million people in the EU/EEA are living with chronic HBV infection, with wide variation between countries and population groups [4]. The study reported that around one-third of those estimated to be living with chronic hepatitis B infection were among migrant populations and in 12 of the 30 countries, the majority of infections were in this group.

**Figure 1. National estimates of hepatitis B surface antigen (HBsAg) prevalence, EU/EEA countries (n=13), 2024\***



\* 2024 or most recent year with available data.

National estimates of HCV ribonucleic acid (RNA) prevalence in the general population were reported in 2025 from 17 EU/EEA countries, with all countries reporting a prevalence of under 1%, ranging from <0.1% in Malta to 0.8% in Lithuania (Figure 2). Based on previous modelling, around one-third (36%) of all cases of chronic HCV infection across the region are estimated to be associated with injecting drug use. The proportion attributable to injecting drug use ranges from 4% in Poland to 97% in Denmark and is highest among countries in northern Europe and lowest among those in southern Europe [5].

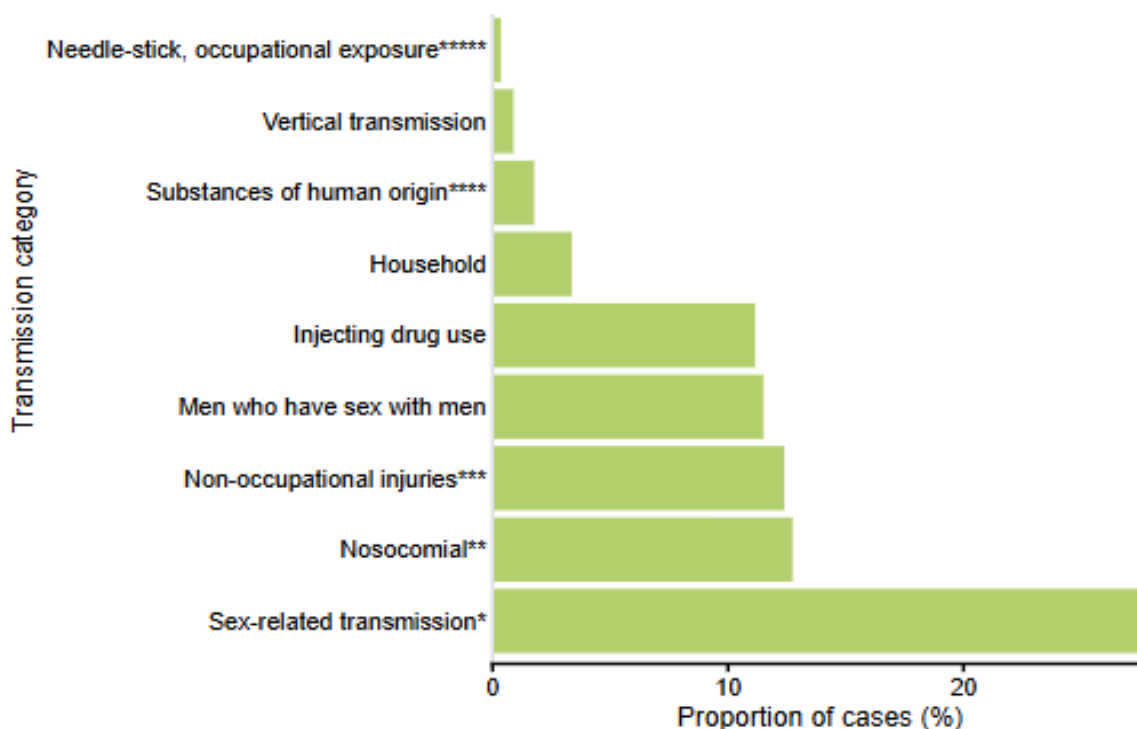
**Figure 2. National estimates of HCV RNA prevalence, EU/EEA countries (n=17), 2024\***

\* 2024 or most recent year with available data

## Routes of transmission of HBV and HCV

Acute infections reflect new transmissions in the EU/EEA and the prevention of these transmissions is a key target for prevention measures. Figure 3 and Figure 4 display the reported routes of transmission for acute HBV and HCV infections in the EU/EEA in 2024 reported to ECDC [2, 3].

Data on the likely route of HBV transmission were only available for 23% of acute cases reported in 2024 [3]. The incompleteness of the data is a major challenge for the interpretation of the results. Available data for the 566 acute cases with complete information show that sex-related transmission (heterosexual or unspecific contact, sex work, excluding men who have sex with men) was most commonly reported (28%), followed by transmission among men who have sex with men (MSM) (12%) and nosocomial transmission (13%) (Figure 3). Only 0.9% of acute HBV infection cases with available data were attributed to vertical transmission, suggesting that this type of HBV transmission is uncommon in EU/EEA countries.

**Figure 3. Transmission categories of acute hepatitis B cases, EU/EEA countries (n=22), 2024**

Source: ECDC. Hepatitis B: Annual Epidemiological Report for 2024 [3].

Source of data: country reports from Austria, Croatia, Czechia, Denmark, Estonia, Finland, France, Germany, Hungary, Iceland, Ireland, Italy, Latvia, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Spain and Sweden.

\* Sex-related transmission includes unspecified sexual contact, sex work, and heterosexual transmission. Sex between men is presented as a separate category to represent risk for this population, but some of these cases can probably also be attributed to sexual transmission.

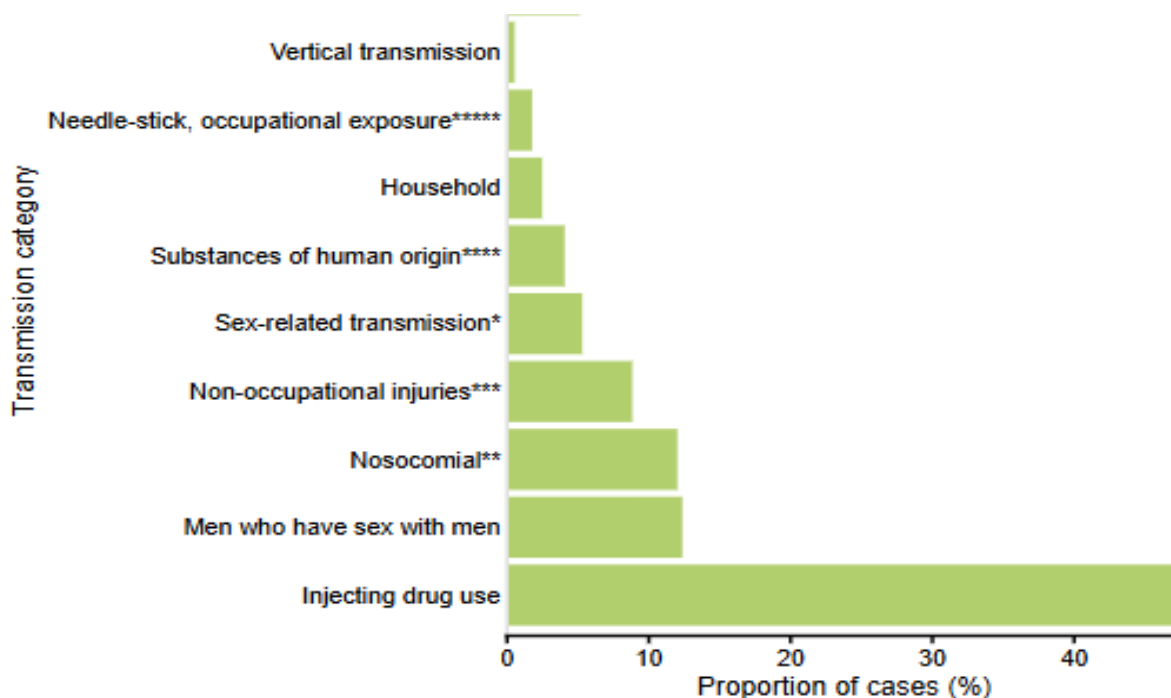
\*\* Nosocomial transmission includes transmissions that occurred in hospitals, nursing homes, psychiatric institutions and dental services as well as through haemodialysis. This category refers to patients exposed in healthcare settings, as distinct from 'needle-stick' and other occupational exposure, which refers to staff.

\*\*\* Non-occupational injuries include bites and needle sticks that occur outside of a healthcare setting, tattoos and piercings.

\*\*\*\* Substances of human origin include transmission through blood, or transplantation of organs, tissues or cells.

\*\*\*\*\* 'Needle-stick, occupational exposure' refers to occupational injuries.

Data on the likely route of HCV transmission were only available for 30% of acute cases reported in 2024, again making interpretation difficult [2]. The most common routes of transmission for acute HCV infection cases were injecting drug use (48%), followed by sex between men (13%) and nosocomial transmission (12%) (Figure 4). In total, 70% of newly diagnosed chronic HCV cases reported through surveillance were attributed to injecting drug use. It should be noted that the data on transmission, especially for acute HCV infection, may be subject to a diagnostic bias among certain groups who may be more likely to be tested regularly and in whom the infection, which is mostly asymptomatic, is therefore more likely to be identified. The data may also be subject to a reporting bias, with transmission more readily attributed to some routes of transmission than others. However, in spite of the challenges concerning the data, it is clear that people who inject drugs are a key risk group in the region.

**Figure 4. Transmission categories of acute hepatitis C cases, EU/EEA countries (n=20), 2024**

Source: ECDC. Hepatitis C: Annual Epidemiological Report for 2024 [2].

Source of data: country reports from Austria, Croatia, Czechia, Denmark, Finland, France, Hungary, Iceland, Ireland, Italy, Latvia, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain and Sweden.

\* Sex-related transmission includes unspecified sexual contact, sex work, and heterosexual transmission. Sex between men is presented as a separate category to represent risk for this population, but some of these cases can probably also be attributed to sexual transmission.

\*\* Nosocomial transmission includes transmissions that occurred in hospitals, nursing homes, psychiatric institutions and dental services as well as through haemodialysis. This category refers to patients exposed in healthcare settings, as distinct from 'needle-stick and other occupational exposure', which refers to staff.

\*\*\* Non-occupational injuries include bites and needle sticks that occur outside of a healthcare setting, tattoos and piercings.

\*\*\*\* Substances of human origin includes transmission through blood, or transplantation of organs, tissues or cells.

\*\*\*\*\* Needle-stick, occupational exposure' refers to occupational injuries.

## 4 Prevention measures: progress towards the elimination targets

See Annex A for details on country-level progress towards the elimination targets.

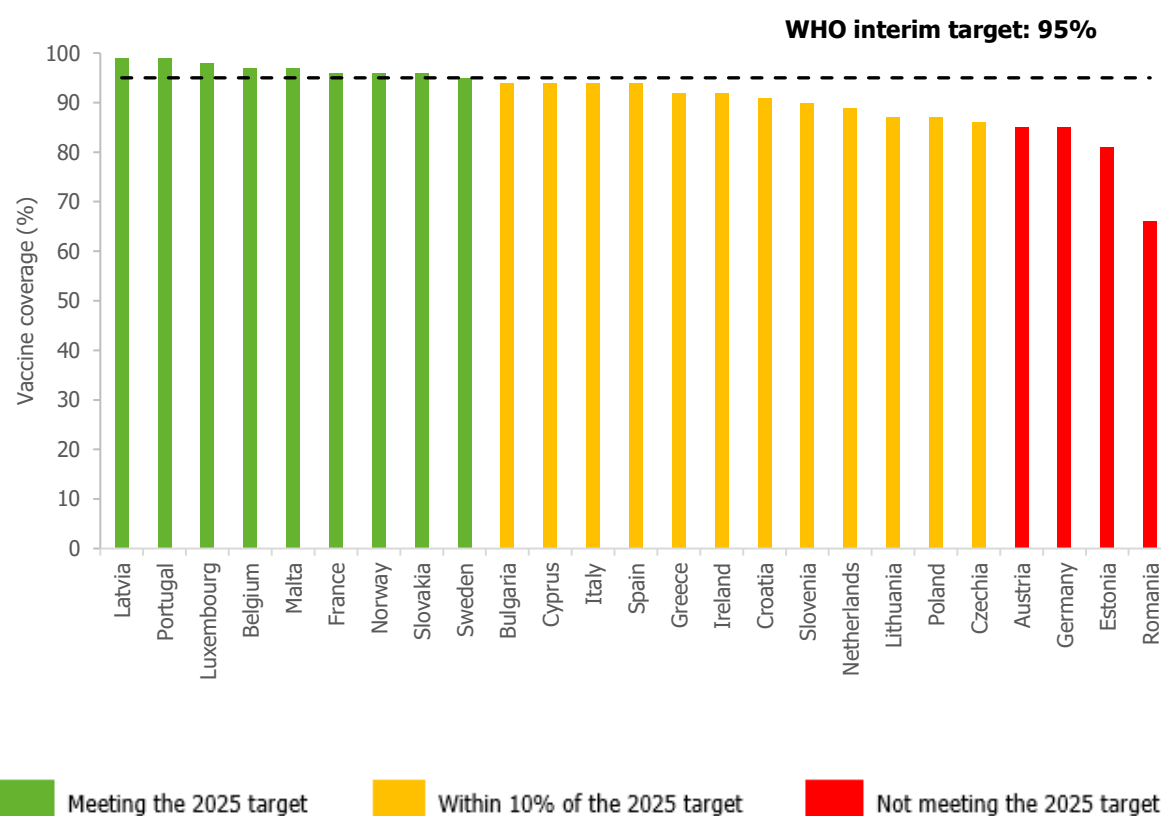
### Hepatitis B vaccination

**WHO interim 2025 target:** 95% coverage with three doses of the childhood hepatitis B vaccine.

The HBV vaccine has been instrumental in reducing global incidence of hepatitis B and, as a result, the consequences of chronic infection, including cirrhosis, liver cancer, and death [13]. In the EU/EEA, 27 countries recommend universal vaccination against hepatitis B [9]. Three countries (Denmark, Finland, and Iceland) have not implemented a national programme for universal HBV vaccination. Although Hungary does have a universal vaccination programme aimed at school-aged children, coverage data through WHO/UNICEF are not available [10].

Data on three-dose hepatitis B vaccination coverage in 2024 were available from 25 countries, ranging from 66% in Romania to 99% in Latvia and Portugal (Figure 5). Of these, nine countries are currently meeting the 2025 target of 95% coverage, 12 countries are within 10% of the target, and four countries (Austria, Germany, Estonia and Romania) are not meeting the 2025 target.

**Figure 5. Coverage (%) of three doses of hepatitis B vaccine (HB3) in EU/EEA countries that implement universal HBV vaccination, 2024 (n=25\*)**

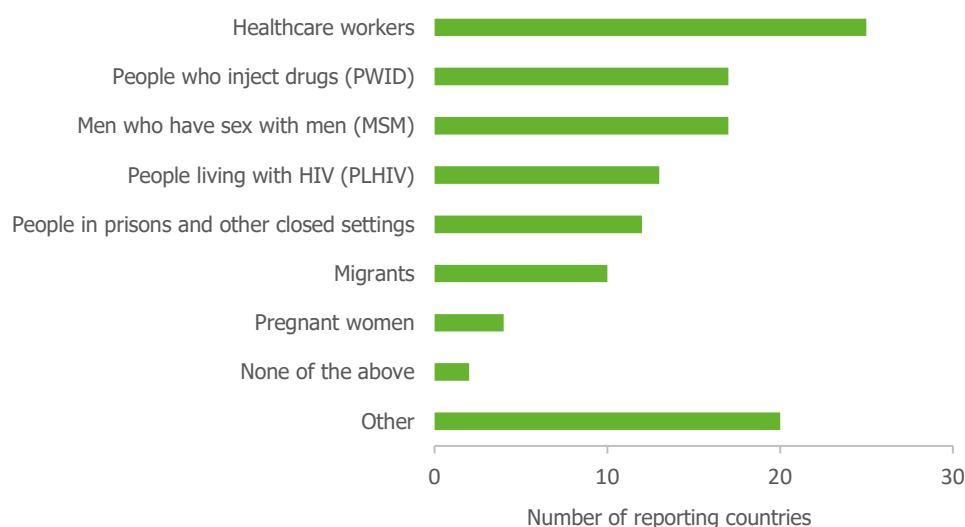


Source: WHO/UNICEF Estimates of National Immunization Coverage (WUENIC) (as of 6 February 2026) [10].

\* No data available for: Denmark, Finland, and Iceland (no universal HBV childhood vaccination programme); Hungary (the country has a universal vaccination programme aimed at school-aged children but coverage data for the three doses of the vaccine are not available); and Liechtenstein (the country's data are included in data from Switzerland and therefore not shown).

Another important element to a hepatitis prevention strategy is enabling adults in key populations, such as healthcare workers and people who inject drugs, to access the hepatitis B vaccine. Twenty-nine countries (no data from Bulgaria) reported information on national HBV vaccination policies or programmes aimed at key populations. Twenty-five countries reported that they have national hepatitis B vaccination policies or programmes aimed at healthcare workers (five more countries than for previous monitoring in 2022 [14]), 17 countries have HBV vaccination policies or programmes aimed at people who inject drugs and MSM (compared to 16 and 18, respectively, in previous monitoring), and 12 countries have HBV vaccination policies or programmes aimed at people in prisons and other closed settings (the same as for the previous monitoring) (Figure 6). Two countries (Estonia and Latvia) reported having no policies or programmes in place for any of the key populations. Twenty countries selected 'Other' and described vaccination policies and programmes for specific medical risk groups, household or sexual contacts of HBV-positive individuals, migrants from endemic countries, sex workers and newborns with particular risk factors.

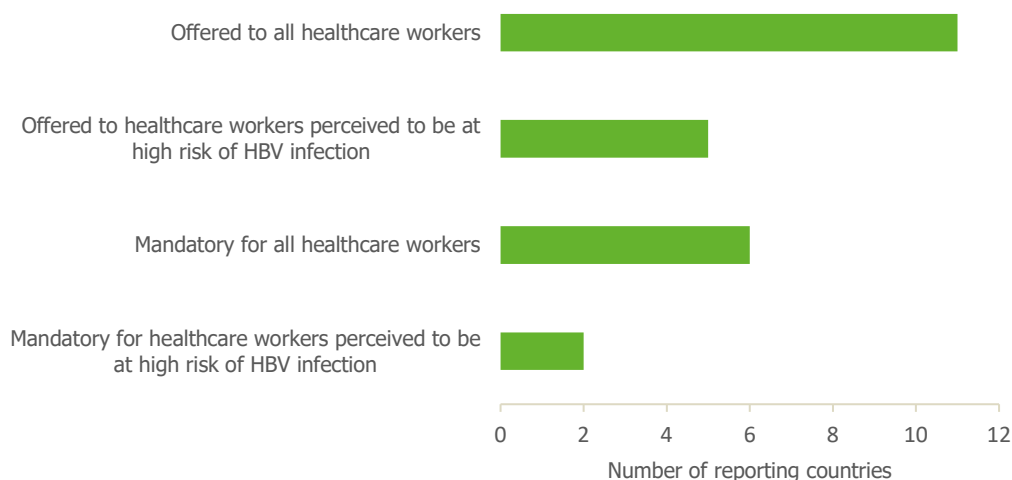
**Figure 6. National hepatitis B vaccination policies or programmes aimed at key populations, EU/EEA countries (n=29\*), 2024**



\*No data available for Bulgaria.

Twenty-four countries reported information on the type of HBV vaccination policies for healthcare workers (Figure 7). Six countries reported that the hepatitis B vaccine was mandatory for all healthcare workers, while an additional two reported that it was mandatory for all healthcare workers perceived to be at high risk of HBV infection. Eleven countries reported that the hepatitis B vaccine was offered to all healthcare workers, while five countries reported that it was offered only to healthcare workers perceived to be at high risk of HBV infection.

**Figure 7. National hepatitis B vaccination policy for healthcare workers, EU/EEA countries (n=24\*), 2024**

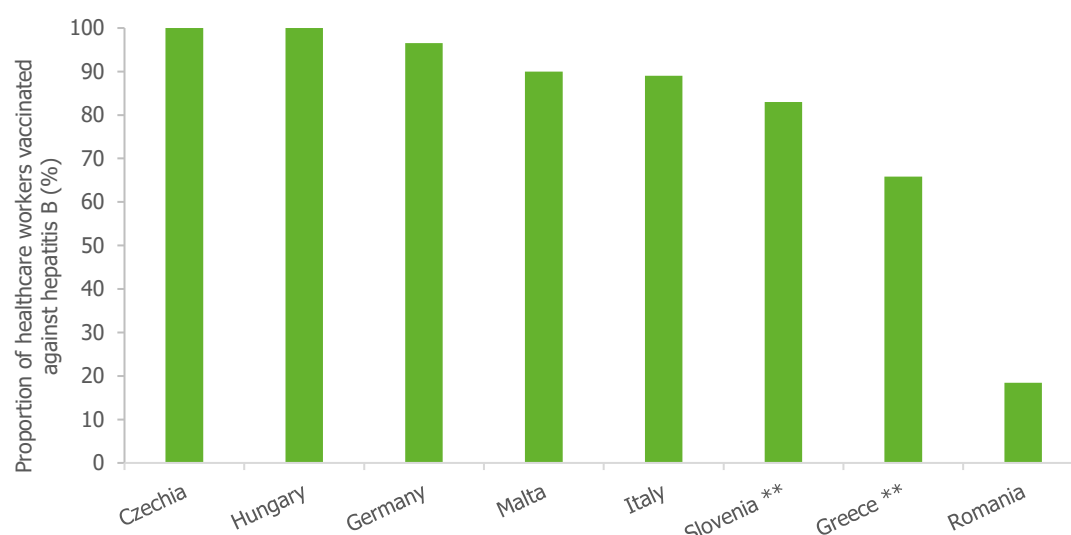


\*No data available for: Bulgaria, Denmark, Estonia, Latvia, Luxembourg, Portugal.

While HBV vaccination policies or programmes may be in place, data on vaccination uptake among key populations and other groups are limited. In addition, for some countries information on coverage is outdated, with estimates dating back to 2017.

Eight countries reported estimates of hepatitis B vaccination coverage among eligible healthcare workers, which ranged from 18% to 100% (Figure 8). The data provided were largely derived from national surveys, although Greece and Slovenia reported clinic-level data.

**Figure 8. Hepatitis B vaccination coverage among eligible healthcare workers<sup>†</sup>, EU/EEA countries (n=8), 2024\***



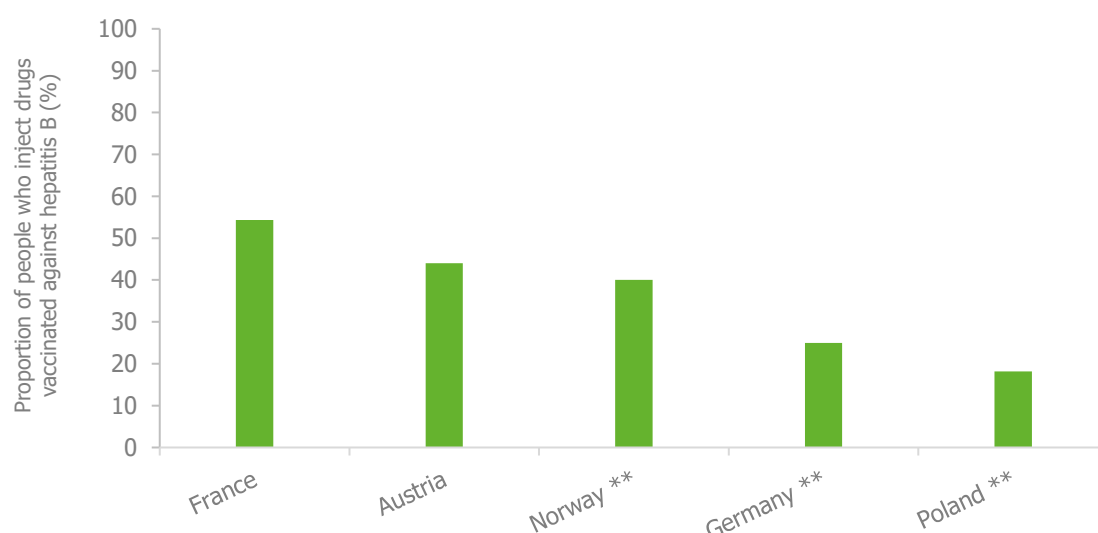
<sup>†</sup> Vaccination coverage among those without existing immunity from prior infection.

\* 2024 or most recent year with available data: 2022 (Czechia); 2021 (Greece); 2019 (Germany); 2017 (Italy).

\*\* Clinic-level data (Greece – eight tertiary care hospitals; Slovenia – one university medical centre).

Only five countries were able to provide data on the hepatitis B vaccination coverage rate among people who inject drugs without existing immunity from prior infection, with rates ranging from 18% to 54% (Figure 9). Germany, Norway, and Poland were only able to provide city-level data.

**Figure 9. Hepatitis B vaccination coverage among people who inject drugs<sup>†</sup>, EU/EEA countries (n=5), 2024\***



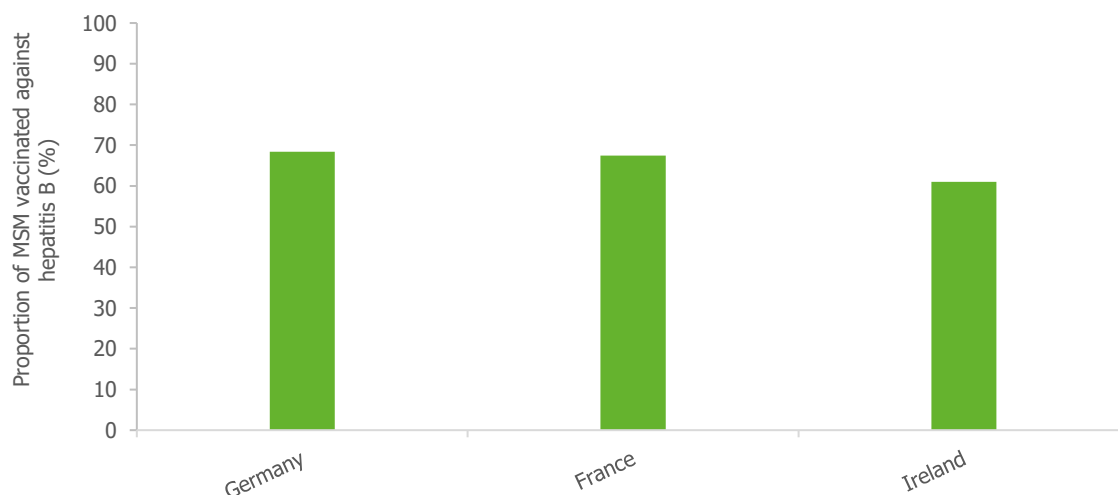
<sup>†</sup> Vaccination coverage among those without existing immunity from prior infection.

\* 2024 or most recent year with available data: 2023 (Austria); 2022 (Germany); 2021 (Poland); 2019 (France).

\*\* City-level data (Germany: Berlin and several cities in Bavaria; Norway: Oslo; Poland: Chorzów, Warszawa and Wrocław).

Only three countries provided data on hepatitis B vaccination coverage among MSM (Figure 10), with coverage ranging from 61% to 68% at national level. Data on HBV vaccination among MSM are also collected through the European Men who have sex with men Internet Survey (EMIS) [15]. The last survey was conducted in 2024 and data on coverage are available by country and disaggregated by age group (all ages, under 25 years, 25 years and older). For all ages, coverage varied across countries from 18% to 70%. Vaccine coverage of respondents under 25 years of age was lower than that for older age groups.

**Figure 10. Hepatitis B vaccination coverage among men who have sex with men (MSM)<sup>†</sup>, EU/EEA countries (n=3), 2024\***

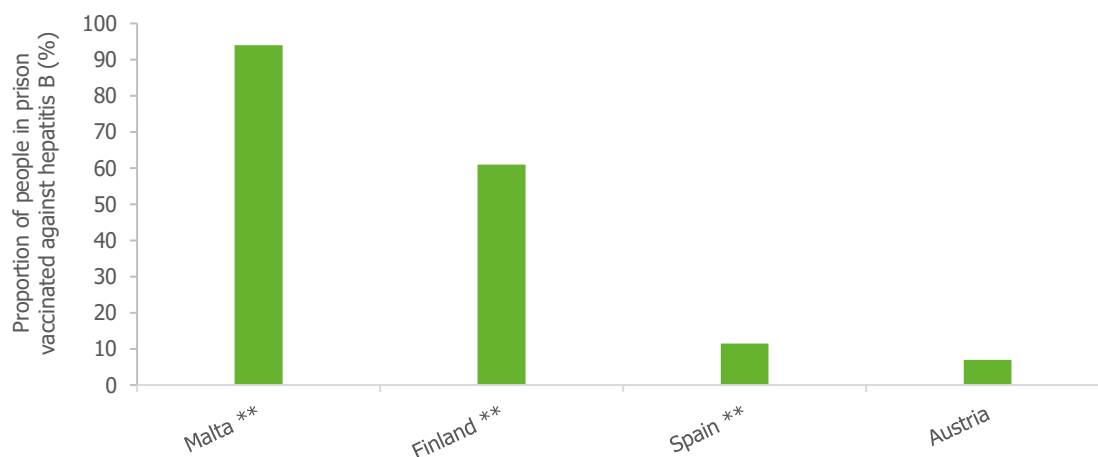


\* 2024 or most recent year with available data: 2023 (France). National-level data available for all three countries.

† Vaccination coverage among those without existing immunity from prior infection.

Four countries were able to provide data on hepatitis B vaccination coverage among people in prison (Figure 11). Reported coverage ranged from 7% to 94%, with only Austria (7%) able to report national-level data.

**Figure 11. Hepatitis B vaccination coverage among people in prison, EU/EEA countries<sup>†</sup> (n=4), 2024\***



\* 2024 or most recent year with available data: 2022 (Finland).

\*\* Prison-level data (Finland – Helsinki, Riihimäki, Hämeenlinna, Turku, Suomenlinna, Ojoien, Vanaja ja Huittinen; Malta – one prison; Spain – all prisons except Catalonia, Navarre and the Basque Country).

† Vaccination coverage among those without existing immunity from prior infection.

## Prevention of vertical transmission

Vertical transmission is an uncommon route of transmission in the EU/EEA for HBV. However, strategies to prevent transmission via this route are still vital because the majority of newborns infected perinatally will develop chronic infection.

In 2021, WHO launched its global 'Triple Elimination Initiative' for the elimination of vertical transmission of HIV, syphilis and HBV, encouraging countries to provide effective, high-quality and person-centred care to all pregnant and breastfeeding women [16].

Essential services for eliminating vertical transmission of HBV and progressing toward the WHO targets for 2025 include the testing of pregnant women in antenatal care settings; appropriate follow-up of exposed infants, including HBV vaccine birth dose, and treatment with immunoglobulin where indicated.

## Universal screening of pregnant women

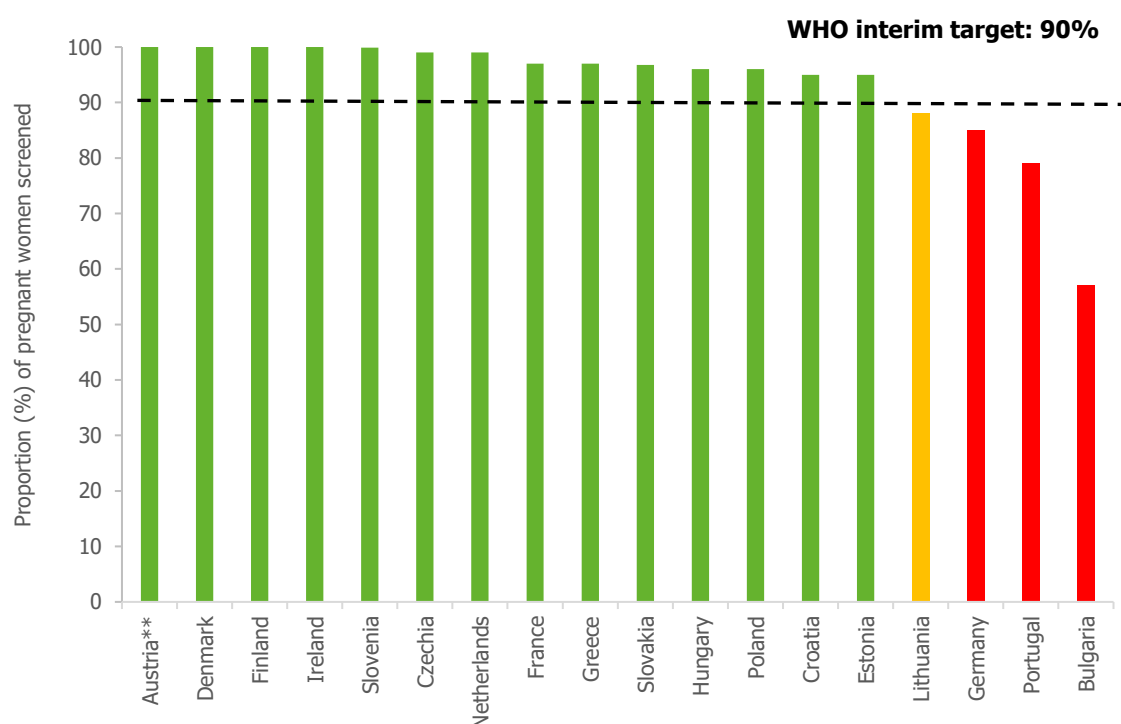
**WHO interim 2025 targets:** 90% of pregnant women screened for hepatitis B surface antigen (HBsAg).

Testing pregnant women for HBV (HBsAg) is a key component of antenatal care services alongside prompt and effective interventions for mothers and babies of pregnant women who test positive [17].

Of the 30 EU/EEA countries that have implemented universal antenatal screening, 18 had data available on screening coverage (Figure 12). This coverage varied from 57% to 100% (median: 97%), and 14 of the 18 countries met the WHO 2025 target of 90% of pregnant women screened for HBsAg. This is an improvement on nine of 13 countries with available data for 2022.

Of the 18 countries with data on HBsAg screening coverage of pregnant women, 13 reported data available on the positivity rate, with the proportion who tested positive below 2% in all reporting countries.

**Figure 12. Coverage of antenatal screening for HBV, EU/EEA countries, 2024\* (n=18)**



\* 2024 or most recent year with available data: 2023 (Ireland) 2022 (Bulgaria, Czechia, Estonia, Finland, Netherlands, Slovenia, Slovakia); 2021 (Lithuania); 2017 (Greece and Poland); 2016 (France).

\*\* Austria: estimated coverage 'close to 100%'.

■ Meeting the 2025 target
 ■ Within 10% of the 2025 target
 ■ Not meeting the 2025 target

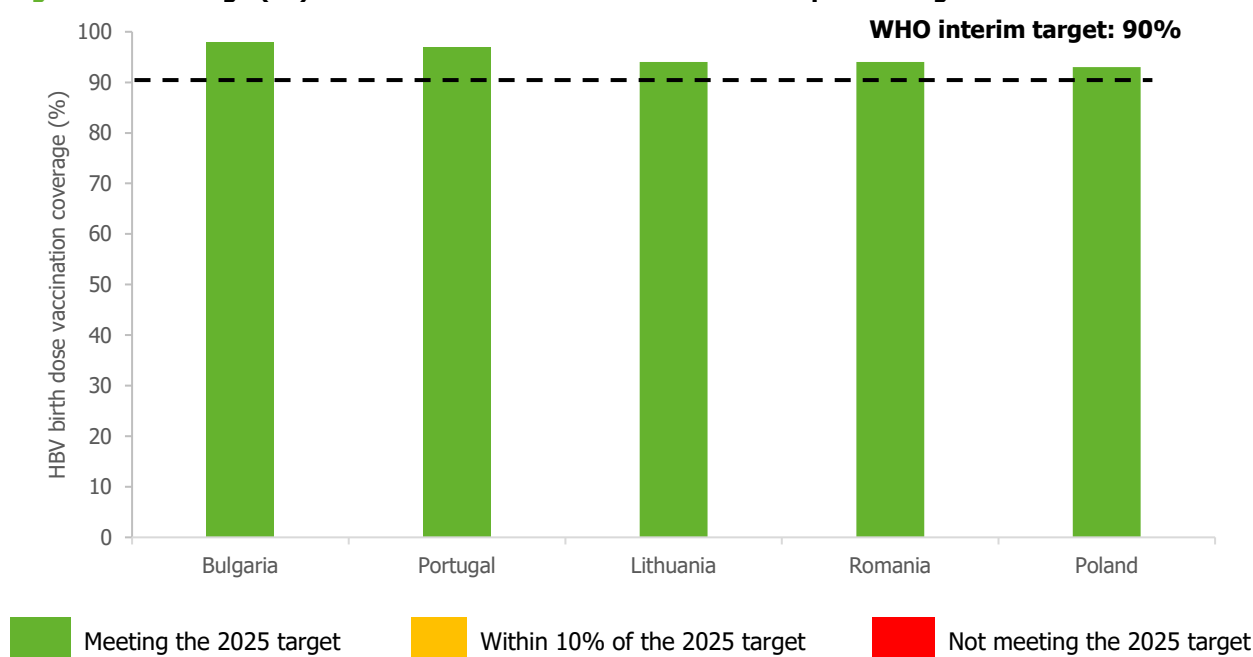
## HBV birth dose vaccination

**WHO interim 2025 target:** 90% coverage with timely (within 24 hours of birth) HBV birth dose vaccination.

WHO recommends timely (within 24 hours) universal birth dose vaccination of newborns, regardless of the HBsAg status of the pregnant mother [17]. The birth dose should then be followed by two or three additional doses, given at least four weeks apart, to complete the primary immunisation series [17]. The vaccine also provides effective post-exposure prophylaxis for infants born to mothers with HBV infection to reduce transmission.

Among the five countries providing HBV birth dose vaccination as a universal strategy (Bulgaria, Lithuania, Poland, Portugal, Romania), coverage with timely (within 24 hours of birth) vaccination ranged from 93% to 98%, with all countries meeting the WHO 90% interim coverage target for timely vaccination (Figure 13).

**Figure 13. Coverage (%) of HBV birth dose vaccine in countries implementing universal birth dose**



Source: WHO/UNICEF Estimates of National Immunization Coverage (WUENIC) (as of 6 February 2026) [10].

## Post-exposure prophylaxis to children born to HBsAg positive mothers

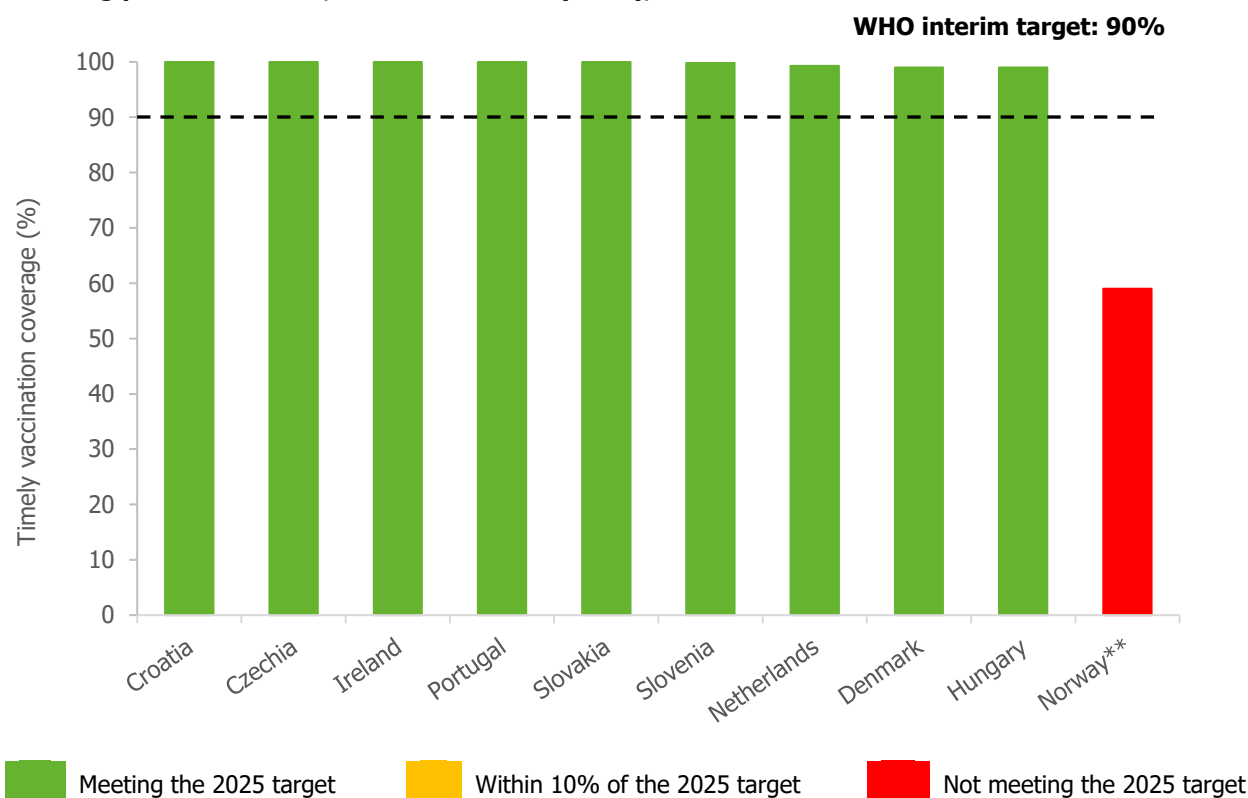
All 29 countries in the EU/EEA reporting data (no information from Bulgaria) indicated that their national policies include measures covering post-exposure prophylaxis for infants born to HBsAg-positive mothers. All 29 countries provide birth dose vaccination to exposed infants, and 27 countries provide hepatitis B immunoglobulin (HBIG) in a combination with HBV birth dose vaccination.

### Targeted HBV birth dose vaccination

Among the countries providing hepatitis B birth dose vaccination to exposed infants as a measure of post-exposure prophylaxis for infants born to HBsAg-positive mothers, only 15 provided data on coverage and 10 reported on timely administration (within 24 hours of birth) (Figure 14). Thirteen of the 15 countries with birth dose vaccination coverage data for exposed infants reported coverage above 95%, while nine of the 10 countries with data on timely birth dose vaccination had reached the WHO 2025 target of 90% coverage with timely (within 24 hours of birth) vaccination.

In Norway, only 59% of children born to HBsAg-positive mothers (approximately 100–150 annually) were registered as having received the first HBV dose within 24 hours of birth. These figures are based on linked national registry data, which depend on accurate recording of birth doses in the national vaccination registry. Consequently, the reported 59% coverage is considered to be an underestimate of the true coverage [personal correspondence with country representative, 8 November 2025].

Most data are reported as estimates and it is important to keep in mind that small numbers and lack of timely registration result in large fluctuations and may not necessarily reflect reality.

**Figure 14. Coverage (%) timely administration of hepatitis B birth dose vaccination for infants born to HBsAg positive mothers, EU/EEA countries (n=10), 2024\***

\* 2024 or most recent year with available data.

\*\* This figure is based on linked national registry data, which depend on accurate recording in the national vaccination registry, and is probably underestimated.

### HBV immunoglobulin (HBIG)

In addition to the timely administration of hepatitis B birth dose vaccination to infants born to HBsAg-positive mothers, provision of hepatitis B immunoglobulin (HBIG) shortly after birth provides additional protection [16]. This is particularly relevant in women with a high viral load (HBV DNA  $\geq 5.3 \log_{10}$  IU/ml ( $\geq 200\,000$  IU/ml)) or who are hepatitis B e-antigen (HBeAg)-positive, as the risk of transmission is higher in these cases.

Of the 27 countries providing HBV Immunoglobulin (HBIG) as post-exposure prophylaxis for infants born to HBsAg-positive mothers, 11 countries provided estimates of the proportion of eligible infants receiving HBIG, with coverage ranging from 65% to 100%. Nine countries reported coverage of 95% or above. Among nine countries with data on timely administration, coverage also ranged from 65% to 100%, with seven having achieved coverage levels above 95%.

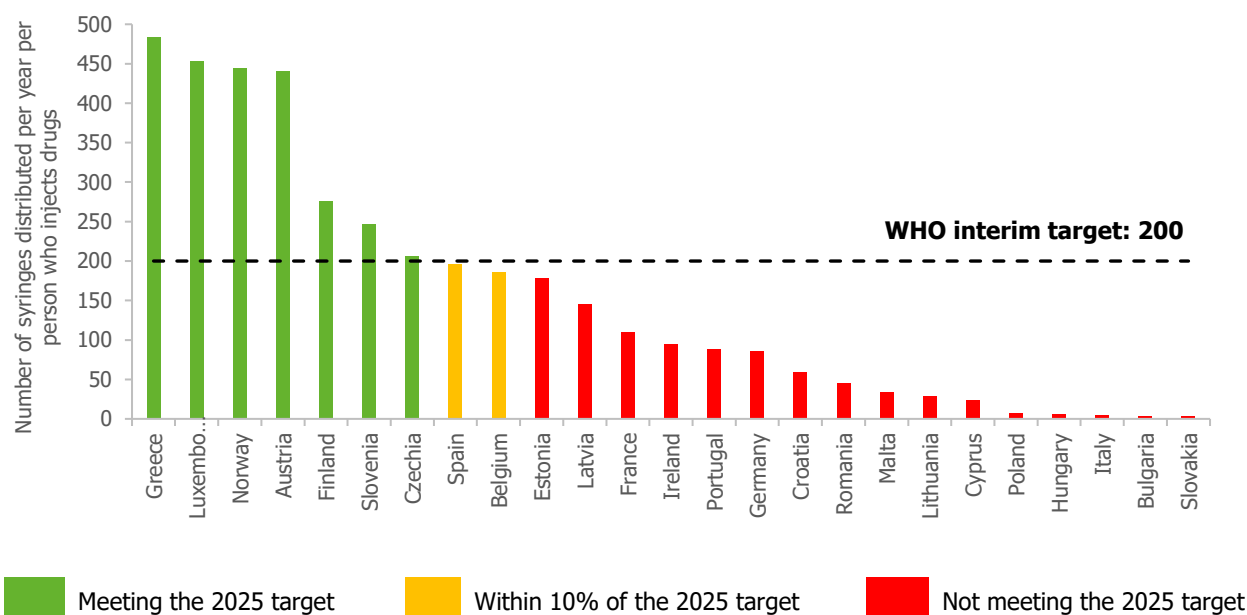
## Prevention among people who inject drugs

**WHO interim 2025 targets:** 200 syringes distributed per person per year for people who inject drugs as part of a comprehensive package of harm-reduction services; and 40% of those who are opioid-dependent and who inject drugs receiving opioid agonist treatment (OAT).

Injecting drug use and the use of heroin has declined in many EU/EEA countries over the past ten years, but there is considerable variation across the region in the prevalence of drug use and in the substances used. In some countries, especially in the eastern part of the region, injecting drug use prevalence remains high [11]. People who inject drugs are disproportionately affected by HBV and HCV infections due to the sharing of needles, syringes, and other drug equipment [11]. In some areas, the injection of stimulant drugs has increased and has been associated with higher-risk practices and blood-borne virus outbreaks. In Europe, prevalence of both HBV and HCV infection is high among people who inject drugs and there is evidence of ongoing transmission, especially with regard to HCV [11]. High levels of sterile needle and syringe exchange coverage and OAT are effective in reducing the risk of viral hepatitis transmission through injecting drug use, and recommended in guidance from ECDC and EUDA [18].

Twenty-five countries had data on the coverage of needle and syringe programmes, with heterogeneity in the methods used to generate this data ranging from counts of centrally purchased syringes to surveys of services. The number of sterile syringes distributed per person injecting drugs per year ranged from three (Bulgaria and Slovakia) to 483 (Greece), with a median of 95 (Figure 15). Seven countries (Greece, Luxembourg, Norway, Austria, Finland, Slovenia, and Czechia) are currently meeting the 2025 WHO target of 200 syringes distributed per person injecting drugs per year, while two countries (Spain and Belgium) are within 10% of the target.

**Figure 5. Number of sterile syringes distributed per year per person who injects drugs, EU/EEA countries (n=25\*), 2023**

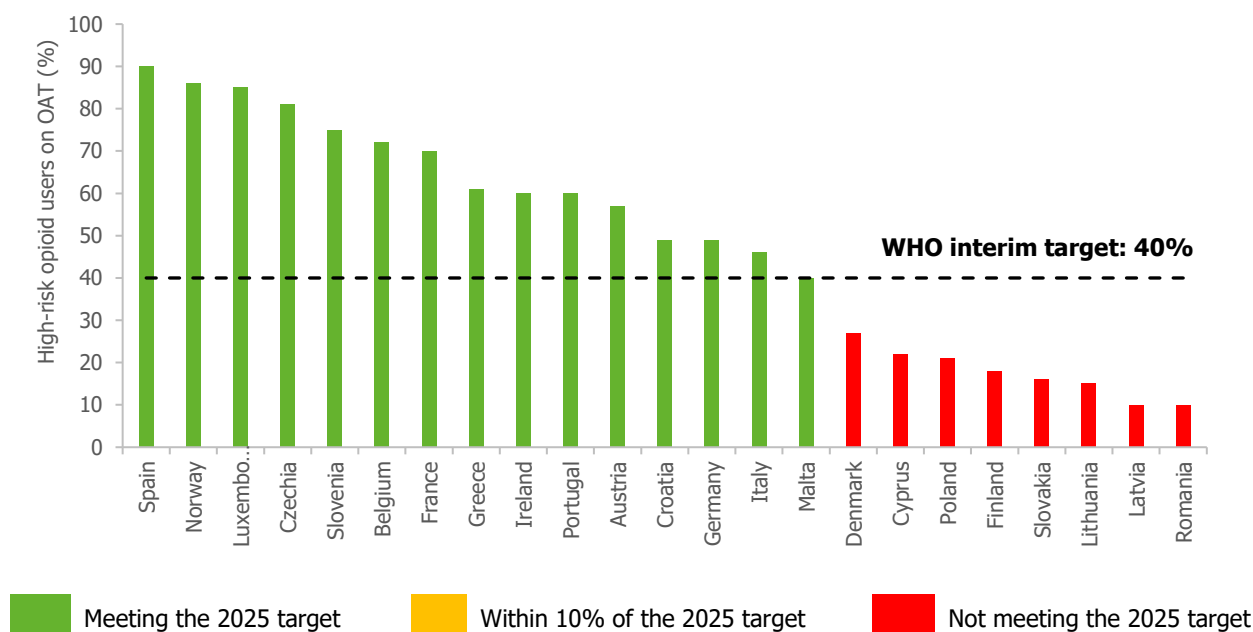


\* No data available for: Denmark, Iceland, Liechtenstein, Netherlands or Sweden.

Source: EUDA. Viral hepatitis elimination barometer among people who inject drugs in Europe, 2025 [11].

Twenty-three countries were able to provide data on the coverage of OAT, with the proportion of high-risk opioid users in OAT ranging from 10% (Latvia and Romania) to 90% (Spain), with a median of 49% (Figure 6). Fifteen of the 23 countries are meeting the 2025 target of 40% of people with high-risk opioid use accessing OAT.

**Figure 7. Proportion of high-risk opioid users in OAT, EU/EEA countries (n=23\*), 2023**



\* No data available for: Bulgaria, Estonia, Hungary, Iceland, Liechtenstein, Netherlands or Sweden.

Source: EUDA. Viral hepatitis elimination barometer among people who inject drugs in Europe, 2025 [11].

## Prevention in healthcare settings

Although in 2024 nosocomial infections accounted for 13% of acute HBV and 12% of acute HCV transmissions<sup>1</sup> and substances of human origin accounted for 2% of acute HBV and 4% of acute HCV transmissions [2, 3], data on efforts to prevent viral hepatitis in healthcare settings are limited.

## Prevention of nosocomial infection

**WHO interim 2025 target:** 100% of injections in healthcare settings undertaken with safe injection equipment.

Nosocomial transmission refers mainly to patients exposed to HBV and HCV in healthcare settings. Only two countries (Czechia and Romania) were able to provide data on the estimated proportion of sharps purchased for use in healthcare settings that are safety-engineered, both reporting the proportion to be 100%.

## Blood safety and hemovigilance

**WHO interim 2025 target:** 100% of blood units screened for bloodborne diseases.

Hemovigilance refers to the surveillance of the blood transfusion chain, including efforts to monitor and evaluate adverse events associated with the blood supply and transfusion service. The prevalence of HBV and HCV infections among first-time blood donors in the EU/EEA is low, with data from 2017–2019 showing a median HBV prevalence of 56.1 per 100 000 first-time donors (range: 0 to 357 per 100 000) and HCV prevalence of 48.5 per 100 000 first-time donors (range: 0 to 388 per 100 000) [19]. Data reported by the Council of Europe's European Directorate for the Quality of Medicines (EDQM) in 2022 indicated that all blood donations in EU/EEA countries are from voluntary, non-remunerated donors, except in three countries which allow replacement blood donors: Bulgaria, Greece, and Poland [19].

In the EU/EEA, Directive 2002/98/EC [20] established mandatory testing of blood donations with hepatitis B surface antigen (HBsAg) and antibodies against HCV (anti-HCV). The 2015 mapping exercise performed by the European Commission reported that all EU/EEA countries have these mandatory serological tests in place [21]. Data reported by EDQM in 2022 showed that 19 EU/EEA countries reporting data had tested 99–100% of their blood donations with serological tests mandated by the Directive [19].

More recently, ECDC performed a survey on the current testing strategies applied to blood donations for HBV and HCV. In the 25 countries able to provide data, all countries currently have implemented a mandatory serological testing for HBsAg and anti-HCV for all blood donations [22,23]. In addition, nucleic acid testing (NAT) of blood donations for HBV DNA and HCV RNA is mandatory or recommended in 22 and 24 of the 25 participating countries, for HBV and HCV, respectively. Although the proportion of blood donations tested with each mandatory serological test was not directly provided, 24 and 23 of the responding countries reported that serological testing with HBsAg and anti-HCV, respectively, is performed in all SoHO (Substances of Human Origin) establishments testing blood donations.

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<sup>1</sup> Where the transmission route is known and reported.

## 5 Conclusions

Addressing the epidemics of HBV and HCV requires a sustained commitment to targeted prevention programmes. People who inject drugs remain a key population at high risk of HCV, particularly in settings where stimulant injecting is occurring and associated with higher-risk practices. Sexual transmission of HBV remains one of the most commonly reported routes of transmission and requires continued monitoring in the context of rising trends in syphilis, gonorrhoea and other STIs reported across countries in the EU/EEA [24].

Vaccination is vital for preventing hepatitis B and associated complications, including liver cancer. While 27 EU/EEA countries have adopted a universal HBV childhood vaccination programme, only nine out of 25 reporting countries are currently meeting the 2025 target of 95% coverage of the three-dose HBV vaccination. Adults in key populations at higher risk of exposure to HBV infection, such as healthcare workers, people in prison, people who inject drugs and men who have sex with men, should also be able to access the HBV vaccine. Overall, 25 countries have HBV vaccination programmes aimed at healthcare workers, and 17 countries have programmes for people who inject drugs and MSM. However, data on vaccination uptake among key populations are limited to a few countries which often only provide regional or local data that is sometimes outdated. The data provided on HBV vaccination coverage among eligible healthcare workers indicated that over two-thirds of them were vaccinated in all but one of the countries. Reported vaccination coverage among other population groups is limited although there are indications of gaps in the programmes.

Overall, efforts to eliminate vertical transmission of HBV continue to advance across the region. Fourteen of the 18 countries with available data have already achieved the WHO 2025 target for antenatal HBsAg screening, and all countries providing HBV birth dose vaccination as a universal strategy met the target. Despite some variability in data availability, these findings reflect strong regional commitment and progress toward the goal of eliminating vertical HBV transmission.

Harm reduction services for the prevention of transmission of blood-borne infections among people who inject drugs are critical to prevention efforts across the region. While evidence from drug treatment centres suggests that injecting drug use is declining among heroin users in the European Union, studies of residual contents in used syringes indicate that stimulant injecting, which is associated with higher-risk practices and blood-borne virus outbreaks, remains common [11]. However, only six countries are currently meeting both of the 2025 WHO targets for syringes distributed per person injecting drugs per year, and provision of OAT for people with high-risk opioid use [11]. These findings highlight the need to maintain and strengthen harm reduction programmes to address evolving drug trends.

Data on HBV and HCV preventive efforts in healthcare settings are limited or outdated. Only two countries provided data on the estimated proportion of safety engineered sharps purchased for use in healthcare settings, both reporting 100%. With regard to blood safety, in the 25 countries able to provide data, all had mandatory serological testing of all donations for HBV and HCV in place. In addition, the use of HBV DNA and HCV RNA NAT in blood screening is already mandatory or recommended in 88% and 96% respectively of the countries providing data. ECDC has recently published guidelines for the prevention of transmission of HBV and HCV through SoHO, aiming to increase safety and contribute to harmonisation of practices in the SoHO field in the EU/EEA [24, 26].

### Priorities for action

- Countries with insufficient vaccination coverage, whether across the general population or within specific groups, should consider assessing the local situation to better understand which factors are contributing to the low uptake. These may include structural and individual barriers, such as out-of-pocket costs, as well as population perceptions and attitudes toward vaccination. Because information on public attitudes is not always readily available, it may be necessary to conduct targeted surveys or qualitative studies to better understand these factors. The insights gained should inform the design of tailored communication efforts and targeted vaccination strategies.
- Vaccination coverage among key adult populations remains poorly documented. Many countries still lack comprehensive data collection systems, making it difficult to assess coverage and identify gaps. Strengthening these data collection systems is essential to inform effective planning and implementation of vaccination programmes, particularly those targeting key populations. The EU4Health-funded Joint Action SHIELD aims to strengthen monitoring of vaccination coverage, especially among vulnerable groups [27].
- To prevent vertical transmission, efforts to further increase monitoring and coverage of key interventions are important, focusing particularly on antenatal screening for pregnant women and provision of timely hepatitis B birth dose vaccination.
- Harm reduction coverage remains suboptimal across the region and, although injecting drug use has decreased across the region, prevalence remains high in certain countries, and with dynamic drug trends and continued use of stimulant drugs there is no room for complacency. Ensuring broad coverage of harm reduction programmes is therefore essential, and in many settings further expansion is required.
- In order to have a comprehensive understanding of nosocomial HBV and HCV infections, further work is needed to determine how best to monitor nosocomial infections and the coverage of prevention measures, such as the use of safety-engineered injection devices.

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## Annex A. Progress towards the WHO European Action Plan Prevention Interim 2025 Targets

|                  | 95% coverage with three doses of childhood HBV vaccination | 90% coverage with screening for HBV in pregnant women | 90% coverage of timely HBV birth dose vaccination in countries implementing universal birth dose vaccine | 90% coverage with timely HBV birth dose vaccination for infants born to HBsAg positive mothers | 100% of injections in health-care settings undertaken with safe injection equipment | 100% of blood units screened for bloodborne diseases** | 200 syringes distributed per person injecting drugs as part of a comprehensive package of harm reduction services | 40% of opioid dependent people who inject drugs receive opioid agonist treatment |
|------------------|------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Austria          | 85%                                                        | 100%**                                                |                                                                                                          |                                                                                                |                                                                                     |                                                        | 440                                                                                                               | 57%                                                                              |
| Belgium          | 97%                                                        |                                                       |                                                                                                          |                                                                                                |                                                                                     |                                                        | 185                                                                                                               | 72%                                                                              |
| Bulgaria         | 94%                                                        | 57%                                                   | 98%                                                                                                      |                                                                                                |                                                                                     |                                                        | 3                                                                                                                 |                                                                                  |
| Croatia          | 91%                                                        | 95%                                                   |                                                                                                          | 100%                                                                                           |                                                                                     |                                                        | 59                                                                                                                | 49%                                                                              |
| Cyprus           | 94%                                                        |                                                       |                                                                                                          |                                                                                                |                                                                                     |                                                        | 24                                                                                                                | 22%                                                                              |
| Czechia          | 86%                                                        | 99%                                                   |                                                                                                          | 100%                                                                                           | 100%                                                                                |                                                        | 206                                                                                                               | 81%                                                                              |
| Denmark*         |                                                            | 100%                                                  |                                                                                                          | 100%                                                                                           |                                                                                     |                                                        |                                                                                                                   | 27%                                                                              |
| Estonia          | 81%                                                        | 95%                                                   |                                                                                                          |                                                                                                |                                                                                     |                                                        | 178                                                                                                               |                                                                                  |
| Finland*         |                                                            | 100%                                                  |                                                                                                          |                                                                                                |                                                                                     |                                                        | 276                                                                                                               | 18%                                                                              |
| France           | 96%                                                        | 97%                                                   |                                                                                                          |                                                                                                |                                                                                     |                                                        | 110                                                                                                               | 70%                                                                              |
| Germany          | 85%                                                        | 85%                                                   |                                                                                                          |                                                                                                |                                                                                     |                                                        | 85                                                                                                                | 49%                                                                              |
| Greece           | 92%                                                        | 97%                                                   |                                                                                                          |                                                                                                |                                                                                     |                                                        | 483                                                                                                               | 61%                                                                              |
| Hungary          |                                                            | 96%                                                   |                                                                                                          | 100%                                                                                           |                                                                                     |                                                        | 6                                                                                                                 |                                                                                  |
| Iceland*         |                                                            |                                                       |                                                                                                          |                                                                                                |                                                                                     |                                                        |                                                                                                                   |                                                                                  |
| Ireland          | 92%                                                        | 100%                                                  |                                                                                                          | 100%                                                                                           |                                                                                     |                                                        | 95                                                                                                                | 60%                                                                              |
| Italy            | 94%                                                        |                                                       |                                                                                                          |                                                                                                |                                                                                     |                                                        | 5                                                                                                                 | 46%                                                                              |
| Latvia           | 99%                                                        |                                                       |                                                                                                          |                                                                                                |                                                                                     |                                                        | 145                                                                                                               | 10%                                                                              |
| Liechtenstein*** |                                                            |                                                       |                                                                                                          |                                                                                                |                                                                                     |                                                        |                                                                                                                   |                                                                                  |
| Lithuania        | 87%                                                        | 88%                                                   | 94%                                                                                                      |                                                                                                |                                                                                     |                                                        | 28                                                                                                                | 15%                                                                              |
| Luxembourg       | 98%                                                        |                                                       |                                                                                                          |                                                                                                |                                                                                     |                                                        | 453                                                                                                               | 85%                                                                              |
| Malta            | 97%                                                        |                                                       |                                                                                                          |                                                                                                |                                                                                     |                                                        | 33                                                                                                                | 40%                                                                              |
| Netherlands      | 89%                                                        | 99%                                                   |                                                                                                          | 99%                                                                                            |                                                                                     |                                                        |                                                                                                                   |                                                                                  |
| Norway           | 96%                                                        |                                                       |                                                                                                          | 59%                                                                                            |                                                                                     |                                                        | 444                                                                                                               | 86%                                                                              |
| Poland           | 87%                                                        | 96%                                                   | 93%                                                                                                      |                                                                                                |                                                                                     |                                                        | 7                                                                                                                 | 21%                                                                              |
| Portugal         | 99%                                                        | 79%                                                   | 97%                                                                                                      |                                                                                                |                                                                                     |                                                        | 88                                                                                                                | 60%                                                                              |
| Romania          | 66%                                                        |                                                       | 94%                                                                                                      |                                                                                                | 100%                                                                                |                                                        | 45                                                                                                                | 10%                                                                              |
| Slovakia         | 96%                                                        | 97%                                                   |                                                                                                          | 100%                                                                                           |                                                                                     |                                                        | 3                                                                                                                 | 16%                                                                              |
| Slovenia         | 90%                                                        | 100%                                                  |                                                                                                          | 100%                                                                                           |                                                                                     |                                                        | 247                                                                                                               | 75%                                                                              |
| Spain            | 94%                                                        |                                                       |                                                                                                          |                                                                                                |                                                                                     |                                                        | 196                                                                                                               | 90%                                                                              |
| Sweden           | 95%                                                        |                                                       |                                                                                                          |                                                                                                |                                                                                     |                                                        |                                                                                                                   |                                                                                  |

\*Denmark, Finland and Iceland do not have a national policy for universal childhood vaccination against hepatitis B.

\* Austria: Estimated coverage 'close to 100%'.

\*\*Based on combined results [20, 22-24].

\*\*\* Vaccination data are included within data from Switzerland and therefore not shown separately.



Meeting the 2025 target



Within 10% of the 2025 target



Not meeting the 2025 target

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