

“Estimating how common hepatitis B virus and hepatitis C virus infection is across different age and ethnicity groups using residual samples to help inform future case finding initiatives”

Findings from: [Unlinked anonymous testing of residual samples to estimate age-specific HBV prevalence to inform feasibility of HBV screening](#)

What was the study about?

This study explored whether testing people aged 40 years and older for hepatitis B virus and hepatitis C virus could help identify undiagnosed infections. It used leftover blood samples from routine cholesterol tests taken at GP practices in Birmingham to assess how common these infections are in this age group and whether this approach could be used as a case-finding strategy.

Why is this important?

Hepatitis B virus and hepatitis C virus are major causes of liver disease and death, yet many people remain unaware they are infected. Identifying undiagnosed cases is essential to enable early treatment, reduce complications, and prevent onward transmission. The UK has committed to eliminating hepatitis as a public health threat by 2030, but achieving this goal requires effective ways of reaching people who have not yet been diagnosed, including those outside traditional high-risk groups.

What did we do?

The study tested anonymised leftover blood samples from people aged 40 and over who had undergone cholesterol testing in GP practices in Birmingham. In total, just over 1,500 samples were analysed for markers of hepatitis B virus and hepatitis C virus infection. Limited demographic information, including age, sex, and ethnicity, was used to explore patterns in infection rates across different groups.

Key findings

The results showed very low levels of hepatitis C infection, with only one person identified as having an active infection requiring treatment. In contrast, hepatitis B virus markers were more common: around 5% of people showed evidence of past infection, and a small number of individuals had an active infection. Higher rates of hepatitis B virus were observed among people aged 60 to 69 and among individuals of Asian and Black ethnic backgrounds compared with those of White ethnicity.

What do these findings mean?

These findings suggest that testing all people aged 40 and over for hepatitis C in this way is unlikely to be an effective strategy for identifying new cases in this setting. However, testing for hepatitis B may be more valuable, particularly in ethnically diverse areas such as Birmingham. The results indicate that more targeted approaches, focusing on populations more likely to have been exposed to hepatitis B, may be more effective. Further research with larger sample sizes and in different parts of the UK is needed to better understand the usefulness and cost-effectiveness of this type of testing.